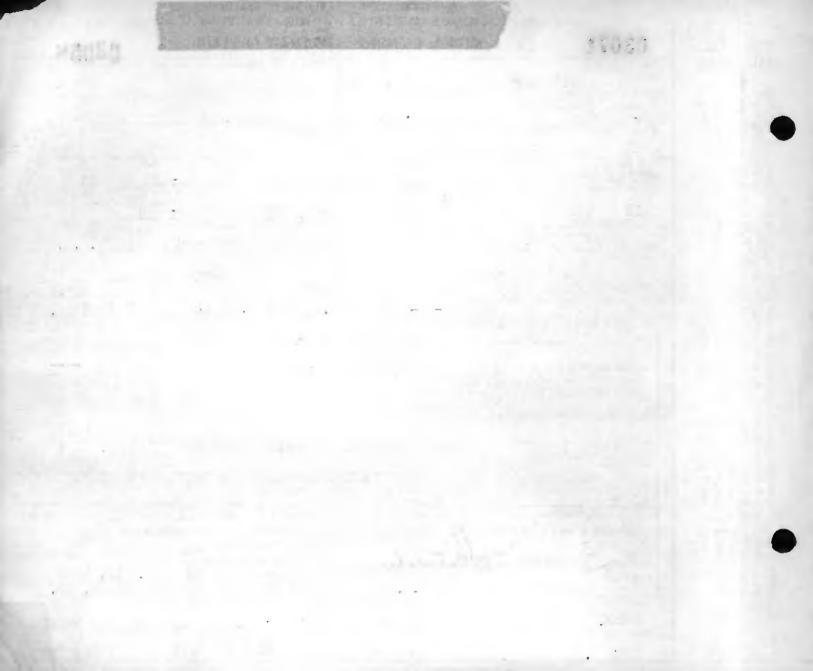
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY and 3 to M3. Page sportment of ofter death. Allegany Allegany Maryland MARYLAND deloy c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 8 Years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 216 Charles Street 216 Charles Street YES T NO S Mem 18. Give Poges Middle 3. NAME OF 4. DATE with the Sto within 72 | Doy Year DECEASED OF DEATH William March 10 (Type or print) Howard Alderton 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Davs Haurs Male White WIDOWED DIVORCED haurs 52 yrs. 1Da. USUAL OCCUPATION (Give kind af wark done during mast of working life, even if retired) Manager of Food Market 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 C INDUSTRY poges I Cumberland Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pengi Cecil Alderton Bertie Troutman File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Addresp16 Charles St (Yes, na, grunknown) (If yes give war ar dates of service) buriol, cremotion, or removol, 214-05-8864 Mrs. Georgia Alderton Cumberland, Mc INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Occlusion Coronary IMMEDIATE CAUSE (n) .. should e, writing the word forwarded to the C DUE TO Coronary Sclerosis Conditions, if ony, which gove rise to immediate cause (a). DUE TO This certificate stating the underlying couse lost. 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? please execute the certificate. NO X designoted ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAL EXAMINER: CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. 20f. (City or town) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, affice bidg., etc.) Nat While O FUNERAL DIRECTOR: Page Health or its designated one at wark Inquiry X. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. ond in my opinion Undetermined monner Notural couses ... Accident ... Suicide . Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIG NATURE-O DEPUTY DEPUTY MEDICAL EXAMINER X March 10, 1966 **EXAMINER'S** NAME (Type) BENEDICT SKITARELIC. M.D. Address (Street, city, town, or county) Cumberland. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) 230. BURIAL, CREMATION (State) 3/12/66 Rest Lawn Memorial Gardens LaVale Allegany Maryland
25b. REGISTRAK'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR victionles VR 41546 (5) 1966 Ruth E. Silcox Cumberland Maryland 21502



ALLEGANY B. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) B. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) B. CASE OF DECEASED C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) R. F. D. 1, FROST C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) R. F. D. 1, FROST C. CITY OR TOWN (if outside corporate limits, write RURAL end give streat address) R. F. D. 1, FROST C. CITY OR TOWN (if outside corporate limits, write RURAL end give streat address) R. F. D. 1, FROST MOODLAND S. SEX G. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (in ye lest birthout burst of bursting life, even if retired) N. A. 10. LETT 10	
a. COUNTY ALIEGANY b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown) FROSTBURG d. NAME OF DECEASED (ITYPE OR OF PIRE) 36 HRS. MINERS! HOSPITAL 3. NAME OF DECEASED (ITYPE OR OF PIRE) CHERYL ANN BAKER BAKER OF DEATH WHITE WIDOWED 100. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) N. A. 13. EATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ifye or print) 16. SOCIAL SECURITY NO. 17. INFORMANT Add (Ifyes give wer or deleas of service) N. A. 16. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). PART I. DEATH Which DIVER OF PIRE BAKER 16. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). (b) STREET ADDRESS A. STRYE MARYLAND c. CITY OR TOWN (If outside corporate limits, we asked to strength in this, we are strength in the strength of the strength in the strength of the strength in the strength of the s	09000
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MINERS! HOSPITAL 3. NAME OF DECRASED (Type or print) CHERYL ANN BAKER DEATH MARCH 5. SEX 6. COLOR OR RACE! 7. MARRIED NEVER MARRIED (See DEATH MARCH) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N. A. 13. FATHER'S NAME EUGENE BAKER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give were or deles of service) N. A. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY. (MARCH) IN MARCH IN	UNTY
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3. NAME OF DECEASED (Type or print) CHERYL ANN BAKER CHERYL ANN BAKER CHERYL ANN BAKER TEMALE CHERYL ANN BAKER S. DATE OF BIRTH P. AGE (In ye last birthds will be set birthds of work done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign count done during most of working life, even if retired) N. A. 13. FATHER'S NAME EUGENE BAKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give were deles of service) N. A. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause [a), steting the underlying DUE TO DUE TO DUE TO DUE TO DUE TO CHERYL ANN BAKER 4. DATE MARY P. AGE (In ye lest MARCH 12, 1966 PARTH MARCH 12, 1966 PART	ON A FARM?
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	GIVEN IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH O IF RITHER, NOTIFY MEDICAL EXAMINER)	
	(County) (State)
Hour a.m. While Not While fectory, street, office bleg., etc.)	(2007)
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	3, 1966(hat (I) (we) la
saw the deceased alive on 3/13 19.60, and that death occurred at 3.60, from the cause	
228. SIGNATURE ATTENDING MED. STAFF	22b. DATE,
Mantin College Ell M.D. PHYS. DIRECTOR PHYS. [3/15/6
22c. PHYSICIAN'S NAME (Type)	
MARTIN M. ROTHSTEIN, M.D. 48 BROADWAY, FROST	BURG, MD.
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	town or county) (State)
BURTAL MAR. 16. 1966 FROSTBURG MEM. PARK FROSTBURG	4.4.4
24 FUNERAL DIRECTOR'S SPENATURE CULLY FROSTBURG, MD. 258. REC'D BY REGISTRAR 256.	MARYLAND
HAFER FUNERAL HOME 60 W MAIN ST. MAR 21 1966	PEGISTRAR'S SIGNATURE
7 170 /100	

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the 1 a. STATE A /A after ALL EGANY ALLEGANY MARYLAND Pages Irs afte b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à on papers. Pag within 72 hours hours CUMBERLAND DAY CUMBERI AND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 1602 HOLLAND NO X within YES. etely pou 3. NAME OF First Middie DATE Last Month Day Year DECEASED remove carb MARCH 15 BECKER 66 (Type or print) GILLBERT DEATH executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNOER 1 YEAR) IFUNOER 24 HRS 8. NEVER MARRIEO last birthday) Months i Hours WHITE MALE WIOOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 드 11. BIRTHPLACE (County & State, or foreign country) physician 12. CITIZEN OF WHAT lease and ir during most of working life, even if retired) INCUSTRY CUMBERLAND. MD. MACHINE OPERATOR death certificate BREWERY 百 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетома CASPER BECKER ELMAR HOLLENBERGER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) MEMORIAL HOSPITAL YES WW 214 05 4969 the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 18. INTERVAL BETWEEN law requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Subarachnoid Hemorrhage due to the hospital or attending physician. spontaneous rupture of aneurysm DUE TO of anterior communicating artery. Conditions, If any, which hours gave rise to Immediate OUE TO cause (a), stating the prior underlying cause last. has (c) as 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health The certificate PERFORMED? CERTIFICAT None YES X NO T PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) detached f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work retained DIRECTOR: A age 3 should lied with the S 고 21. I certify that (I) (this hospital) attended the deceased from March that (I) (we) last M. from the causes and on the date stated above. saw the deceased alive on 3-15and that death occurred at_ 22a. SIGNATURE 22b. DATE SIGNED 5 P page N 3 - 18 - 66DIRECTOR M.D. PHYS. PHYS. Page 4 may HOSPITAL PHYSICIAN'S NAME (Type) 22c. 22d. AODRESS director, p ST. CUMB. MD. MECHANIC BURIAL, CREMATION, 1 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 MARCH 18,1966 HILL16 CREST BURIAL PARK CUMBERLAND. MD. 24. FUNERAL OIRECTOR AODRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BYRON KIGHT CUMBERLAND, MD. VR A15 (4)

20M 1/65

ALL Edmin District AND CHA 195 (MID)

THE OWN WINE STATE

PERMANENCE PARTIES

CHESTLAND, M.

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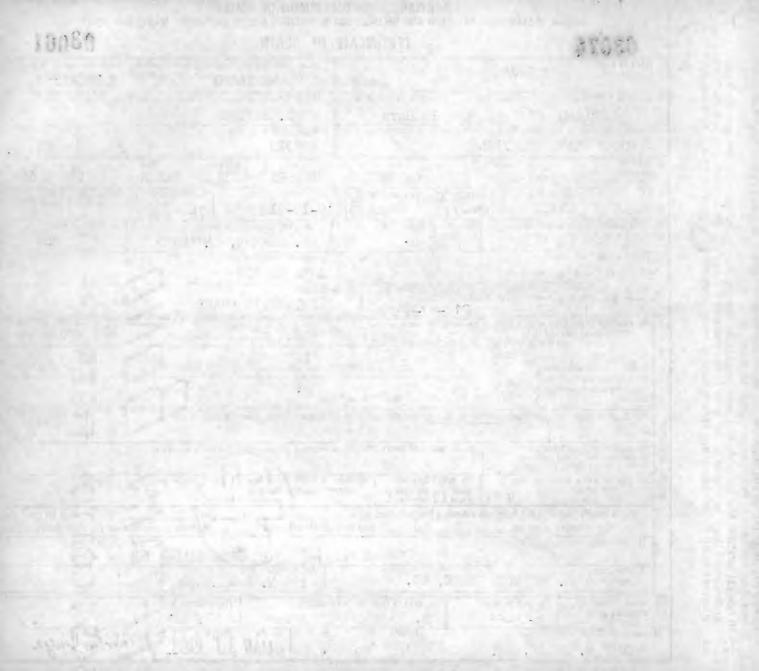
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physicher and completely filled in by the funeral in please remove carbon papers. Pages 1 and 2 val, and in any event, within 72 hours after death. 24 hours after death, executed within death certificate

PLACE OF DEATH a. COUNTY

геттоуа. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending ph director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova The law requires that the O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. OR ATTENDING

MEDICAL

24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIWSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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ICATI	E OF DEATH	03062
YLAND AY IN 15	2. USUAL RESIDENCE (Where deceased lived, If a. STATE b. COMMARYLAND A. C. CITY OR TOWN (If outside corporate limits, v.	LLEGANY
	CUMBERL AND	0 / - /
address)	d. STREET ADDRESS 208 GRAND AVE	8. IS RESIDENCE ON A FARM?

	ALLEG			MARYLA	ND	" MARYL	AND	δ. 0	LLEG	ANY		
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERL AND 7 DAYS								RAL and give nearest town				
		SPITAL OR INSTITUTION (ospital, give street add	ress)	d. STREET ADDRESS 208 G	RAND	AVE.			ON A F	
3.	NAME OF DECEASED (Type or print)	1RVIN		Middle C.	В	RANT Last	4. DAT	110.0		Day 19	Yea 19 (-
	MALE	WHITE	MARRIED)	NEVER MARRIED [DIVORCED [MAY 20, 1	891	9. AGE (In year last birthday yrs.) Months		Hours	Min.
dug	a. USUAL OCCUPATING most of work Barber-R	IDN (Give kind of work don ing life, even if retired) etired	17	IND OF BUSINESS OR NOUSTRY I Employed		11. BIRTHPLACE (C CUMBER		, MD.	try) 12.	COUNTRY		
13.	. FATHER'S NAM	E	1			14. MOTHER'S MAIL	DEN NAME		1			
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15 (Ye	es, no, or unkown)	EVER IN U.S. ARMED FORC (If yes give war or dates of ser	S? 16.	SOCIAL SECURITYNO.	17.	MEMOR I		DSPITAL	ress			
		DEATH (Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	use per li	ine for (a), (b), and (c).	7	Trong	brez	*			RVAL BET	
	Cenditions, if gave rise to cause (a), si underlying caus	Immediate tating the DUE TO	a	retur	71	levan	ne	re		07	2	
FICATION	PART II, OTHER S		CONTRIBU	TING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL (DISEASEC	ONDITION GIVEN	IN PART 1(a	1) 19. YE	WAS AU PERFOR	
=	202 ACCIDENT	WAS HAIDEDLYING TO	1 20% 0	SECONDE HOW INCHES	Dooll	DOED (Frakey nations at	E Indones In	David I as David II	of Many 9	0.5		

DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)

20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED Hour a.m.

ADDRESS

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) _(City or town) While Not While at work

M.D.

p.m. 19 at work 21. I certify that (I) (this hospital) attended saw the deceased alive on and that death occurred 221 SIGNATURE

from the causes and on the date stated above. DATE SIGNER 220-7 ATTENDING PHYS. MED. OIRECTOR STAFF PHYS.

PHYSICIAN'S NAME (Type) 22e. WILLIAMS

ADDRESS CMMBERL

NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Hillcrest Burial Buria]

LOCATION (City, town or county)

Cumberland, Md. Park | Cumber 1 25b. REGISTRAR'S SIGNATURE

James F. Scarpelli, Cumberland, Md.

(State)

(State)

03075 88080 MINESTAL S MINESTAL Oliv Utilianity .T/4 +//10 1 - 117.2 MINORIAL HOSPITAN 1 917 20, 11-37 31 3 1 10 3 2 2 0 0 3 1 7 9,430.90 1 1 I FIGABLE IN THE in age of the second of the se

MARYLAND STATE DEPARTMENT OF HEALTH <u>DIVISION</u> OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Allegany b. COUNTY after Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours 10/6 Westernport Cumberland E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Allegany County Infirmary within Walnut.St. YES NOT within etely 3. NAME DE Middle First DATE Month Day Year Last DECEASED Edward Ora Brinkman (Type or print) DEATH March 10. 19 requires that the death certificate be executed 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. NEVER MARRIED White Male 10/ /1892 WIDOWED T DIVORCED ermit. Then please the 10a. USUAL OCCUPATION (Give kind of workdone) 10b. Kind of Business or during most of working life, even if retired) industry www. Va. Pulp Retired Machine Foreman & Paper, Luke 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) COUNTRY? Town Hill, Maryland 13. FATHER'S NAME MG L 14. MOTHER'S MAIDEN NAME Henry B. Brinkman Sarah Ellen Seaton 17. INFORMANTP .O. BOX 599. of by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Cumberland, Md (Yes, no, or unkown) | (If yes give war or dates of service) 216-09-3307 Allegany County Infirmary records. 18. CAUSE DF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a Conditions, If any, which gave rise to Immediate (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r this certificate for use to Dept. of Health PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work After Id be c While at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 shoul saw the deceased alive on_3 and that death occurred at P.M. from the causes and on the date stated above. 22a. SIGNATURE 10:10 P.M. 22b. DATE SIGNED DIRECTOR K M.D. PHYS. Pa HOSPITAL FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) Greene St., Cumberland, Md. Mathews. M. DATE THEREOF 23a, BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Westernport Md. 3/13/66 Philos 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Westernport. Marley VR AI5

C. 1 t .

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
± πνΞ)	02077 CERTIFICATE OF DEATH
24 hours after death, filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
the first 1 after	ALLEGANY MARYLAND 8. STATE MARYLAND ALLEGANY
s. Pages :	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
į	CUMBERLAND 12 DAYS CUMBERLAND.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5 '	MEMORIAL HOSPITAL 6-JANE FRAZIER VILLAGE YES NOXT
	3. NAME OF First Middle Last 4. DATE Month Day Year OF
	(Type or print) Mary Cecelia BROWN DEATH MARCH 23 1966
	7. MARRIED NEVER MARRIED 0. DATE OF SIRTH 9. Age (III Years II UNDER 1 FEAR II UNDER 24 HIS
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife, Own home OHIO Belaire U.S.A.
	ATT HOTHER DIMENSIA
	WILLIAM TRAPP MARY Tighe - 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service)
	MEMORIAL HUSPITAL COMBERTAND, MU.
	DADT I DEATH WAS CAUSED BY. & I . / A A C A ONSET AND DEATH
	Conditions, if any, which) D) Carelless town It Courses Vannels Disease.
	gave rise to immediate
	cause (a), stating the DUE TO underlying cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	YEST NO ET
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work
	P.m. 19 While Not While satisfy, street, Since bigs., etc.)
	21. I certify that (I) (this hospital) attended/the deceased from 436, 19 to 1966, 19 that (I) twell last
	21. I certify that (I) (this hospital) attended the deceased from 436, 19 to 7966, 19 that (I) twell last saw the deceased alive on 3/23/6/19, and that death occurred at 9:5 M, from the causes and on the date stated above.
	ATTENDING MED. STAFF 7 2/1//
	77c PHYSICIAN'S
1	NAME (Type) DR.G.O. HIMMELWRIGHT 133 VIRGINIA AVE.
Λ	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Society) 3/26/66 St. Mary's Cemetery Cumberland, Maryland
J	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	H. Wayne George Cumberland, Maryland DAHAR 28 1966 Rolland Queles

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ely filled in The funeral director, Pages 1 and 2 should be filed with fer death. Page 4 requires that the death certificate be executed within 24

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03065

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Allegany		MARYLAI	- 11	o. STATE	Where decesse	d lived. If instituti b. COUNTY			ission)
	b. CITY OR TOWN (IF RURAL and give no CUMBETL	outside corporate timi prest town) CULCL	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corpo	rate limits, write R			wn)
	OR INSTITUTION	al (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS		e St.		ON	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Alle	• •	Middle Francis		Lost Cage	4. DATE OF DEATH	Mon	nch	Doy 27	Yeor 19 66
5.	sex Hale	6. COLOR OR RACE White	7 MARE	RIED A NEVER MARRIED	□ B.	DATE OF BIRTH	903	9. AGE (In years lost birthday) 62 yrs.	IF UNDER I	YEAR IF UN Days Hour	DER 24 HRS
100	D. USUAL OCCUPATION during most of work	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTR	Brunswice				S. A	AT COUNTRY?
13.	REUTON (Cage				14 MOTHER'S MAIDEN Sophia					
15. (Ya		IN U.S. ARMED FOR				. Cora M. (Cage 15	So. Cen		. Cwnb	. Md.
CATION	Conditions, if on gove rise to in couse (a), stating t	y, which (b needlote he under-	2	CONTRAUTING TO DEATH		is Citer		la sem		1(a) 19, WA	
CERTIFICA	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCL	URRED.	Enter nature of injury	in Port I ar Par	t It of item 18.)		YES [□ NO [X]
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	Not while	e. PLACI factor	OF INJURY (Home, fo y, street, office bldg., o	orm, 20f. (City etc.)	or town)	(Co	ounty)	(State)
	21. I certify the alive an	at I attended the		and that de		1957, to coursed at 5:00	ADDRESS (5)	7-, 1960 In the causes of treet, city or town, S. S. S. S.	and an the	e date sta	e deceased sted above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	V. F. Will	ams,	M.D.		Cumberl	land, M				
220	BURIAL CREMATION REMOVAL (Specify)	3/30/66	F	22c. NAME OF CEMETER Hillcrest				tion (City, town, oberland,	Mary		ute)
23.	H. Wayne		Cwnbe	ADDRESS rland, Maryl	Land	240. RE	3 0 19		strar's sign		



MARYLAND STATE DEPARTMENT OF HEALTH ligision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY h. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town) hawlings. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Years Rawlings Rt. the S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State hours Sacred Heart Hospital Cumberland, Maryland YES NO k NAME OF 3. DATE Middle Month Day DECEASED 1966 (Type or print) DEATH Ivan Lynn Campbell March 11 1900
AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH fter death. If Give Pages 1, g with form 5. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED : 4-28-1939 DIVORCED 10e. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Paper Worker

13. FATHER'S NAME Paper Mill U.S. 4. 14. MOTHER'S MAIDEN NAME Oliver - Campbell Mary S. Cook File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unhown) (If yes give war or dates of service) permit. removal, 1957-1958 235-50-3064 Diver Rawlings, Md. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ਨ Intracranial Hemorrhage berial-transit Minutes cremation. DUE TO Skull Fracture Minutes Conditions, if any, which geva rise to immediate DUE TO certificate should cause (a), stating the (Auto Accident -- Driver) 60 underlying causa last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES TY NO F 20a. EXTERNAL CAUSE WAS PRIMARY 24 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) execute the certificate, writing. Page 4 should be forwarded. 3 should be agent, price Driver of automobile which struck tree TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, 40f.) | 20f. (City or town) factory, street, office bldg., etc.) MEDICAL (County) (State) 12:30 p.mMarch 11 1966 at work at work 2 Mile South Cresentown, Alleg. Md. Inspection TX. Inquiry XX, 21. I certify that I took charge of the remains described above, held an Autopsyry. and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes Accident XX. Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE A DEPUTY MEDICAL EXAMINER March 11. 1966 BENED ICT SKTTARELIC. director. M.D. Address (Street, city, town, or county Cumberland . Md . NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 0 Md. 13 Mar 1966 Waxler Allegany Co. Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR ALSME (5) KEYSER, W.VA.



FOR STATE HEALTH DEPT.

ssary, e uneral may be Department after death. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 netained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 72 hours of Health or its designated agent, prior to burial, cremation, or removal, and in any event with 72 hours. TO DEPUTY MEDIC

AISME (5)

VR 5M MARYLAND STATE DEPARTMENT OF HEALTH

OSOBU MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OSOBU MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY			ICE (Where deceased liv		esidence before admission)
	ALLEGANY	MARYLAND	a. STATE	CUATYS	b. COUNTY	TO A NEW
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate !!	mits, write RURAL	ECANY and give nearest town)
CUM	BERLAND	D.O.A.	MT SAT	7AGE		1 . 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	ospita., give street address)	d. STREET ADDRESS	S		e. IS RESIDENCE ON A FARM?
	SACRED HEART HOSPITAL		MAI MAI	IN ST.		YES NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
-	(Type or print) JOSEPH E.	CAMPBELL		DEATH 9. AGE (1	MARCH	TYEAR IF UNDER 24 HRS.
3.		NEVER MARRIED []	8. DATE OF BIRTH	l last bi		Days Hours Min.
	MALE WHITE WIDOWED	DIVORCED _	APR. 28th,	TA02 (55, A)	RS:	
10a dur	USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE	State or fereign coun	try) 12. C!	TIZEN OF WHAT
	TICKET SELLER RACI	NG COLMISSION	MARVI.	CTIFE		TISA
13.	FATHER'S NAME		14. MOTHER'S MA	DEN NAME		
	MATTHEW CAMPBELL		SARAH	CONROY		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address MAI	IN STREET,
L```	, , , , , , , , , , , , , , , , , , , ,	3-01-4660 M	RS. MARGARE	T G CAMPBE	ELL, MT. SA	AVAGE, MD.
	18. CAUSE OF DEATH [Enter only one cause per il	ne for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CORONARY	OCCLUSIO	Ţ		SUDDEN DEATH
	4 . 01 DUE TO					
	Conditions, if any, which (b)	CORONAF	Y SCLEROS	TS .		
	gave rise to immediate (30.00				
	underlying course lead					
NO	caso (a), stating the	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION C	IVEN IN PART 1(a)	19. WAS AUTOPSY
ICATION	underlying cause last. (c)	TING TO DEATH BUT NOT REL	ATED TO THE FERMINAL	DISEASE CONDITION C	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL				PERFORMED? YES NO X
CAL CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. II	DESCRIBE HOW INJURY OCC	JRRED. (Enter nature	of Injury in Part or farm, 20f. (City or	Part II of Item 18.	PERFORMED? YES NO X
EDICAL CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Louis a.m.	DESCRIBE HOW INJURY OCCURRED 206. PLA	JRRED. (Enter nuture	of Injury in Part or farm, 20f. (City or	Part II of Item 18.	PERFORMED? YES NO X
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work	DESCRIBE HOW INJURY OCCURRED 20e. PL	JRRED. (Enter nature ice of :NJURY (Home, ory, street, office bldg.,	of injury in Part I or I	Part II of Item 18.	PERFORMED? YES NO NO
MEDICAL CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. In While at work 21. I certify that I took charge of the rem	Not While at work has described above, he	JRRED. (Enter nature ince OF :NJURY (Home, ory, street, office bldg.,	farm, 20f. (City or etc.)	Part II of Item 18. town) (Cou	PERFORMED? YES NO (X) Inty) (State) and in my opinion
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work	Not While at work has described above, he	JRRED. (Enter nature GE OF :NJURY (Home, ory, street, office bidg., Id an Autopsy, lcide, Homic	farm, 20f. (City or etc.) Inspection X,	Part II of Item 18.	PERFORMED? YES NO (X) Inty) (State) and in my opinion
MEDICAL CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work 21. I certify that I took charge of the rem death resulted from: Natural causes	NJURY OCCURRED 20e. PL. Not While at work ains described above, he Accident . Su	JRRED. (Enter nature GE OF :NJURY (Home, ory, street, office bldg., Id an Autopsy	farm, 20f. (City or etc.) Inspection X, ide , Undete	Part II of Item 18. town) (Coulongle Inquiry), remined manner	PERFORMED? YES NO (X) Inty) (State) and in my opinion
MEDICAL CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work 21. I certify that I took charge of the rem death resulted from: Natural causes	NJURY OCCURRED 20e. PL. Not While at work ains described above, he Accident . Su	JRRED. (Enter nature GE OF :NJURY (Home, ory, street, office bidg., Id an Autopsy, icide, Homic CHIEF MEDIC M.D. ASSISTANT M	farm, 20f. (City or etc.) Inspection X, ide , Undete	Part II of Item 18. town) (Cou Inquiry , remined manner	PERFORMED? YES NO (X) Inty) (State) and in my opinion 22. DATE SIGNED
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work 21. I certify that I took charge of the rem death resulted from: Natural causes ACTUAL SIGNATURE	NJURY OCCURRED 20e. PL. Not While at work along the Accident . Su	JRRED. (Enter nature GE OF :NJURY (Home, ory, street, office bldg., Id an Autopsy, icide, Homic CHIEF MEDIC M.D. ASSISTANT M DEPUTY MEDIC	farm, 20f. (City or etc.) Inspection , Undete AL EXAMINER CAL EXAMINER CAL EXAMINER	Part II of Item 18. town) (Couling Inquiry III, ermined manner March 25	PERFORMED? YES NO X inty) (State) and in my opinion 22. DATE SIGNED , 1966
MEDICAL	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that I took charge of the rem death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type)R. BENEDICT SKITARE	DESCRIBE HOW INJURY OCCURRED 20e. PL. factor at work all secret above, he Accident . Su Accident . S	JRRED. (Enter nature GE OF :NJURY (Home, ory, street, office bldg., Id an Autopsy, icide, Homic CHIEF MEDIC M.D. ASSISTANT M DEPUTY MEDIC Address (Street)	Inspection , Undeted AL EXAMINER CAL EXAMINER CALCULATION	Inquiry XX, rmined manner March 25	PERFORMED? YES NO X inty) (State) and in my opinion 22. DATE SIGNED 1966 and Md.
MEDICAL	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Law or Law of	NJURY OCCURRED 200. PLAN at Work at work alone Accident . Su Accident .	JRRED. (Enter nature GE OF :NJURY (Home, ory, street, office bldg., Id an Autopsy, Icide, Homic CHIEF MEDIC M.D. ASSISTANT M DEPUTY MEDI Address (Stre	farm, 20f. (City or etc.) Inspection , Undete AL EXAMINER EDICAL EXAMINER EAL EXAMINER et, city, town, or cour	Inquiry XX, ermined manner March 25 htty) Cumberl (City, town or cou	PERFORMED? YES NO (X) Inty) (State) and in my opinion 22. DATE SIGNED 1966 and, Md inty) (State)
MEDICAL	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Advanced to the rem death resulted from: Natural causes Cause of the rem death resulted from: Natural causes Cause C	DESCRIBE HOW INJURY OCCURRED 20e. PL. factor at work all secret above, he Accident . Su Accident . S	JRRED. (Enter nature JRRED. (Home, JRED. (Home, JRRED. (Home, JRE	farm, 20f. (City or etc.) Inspection , Undete AL EXAMINER EDICAL EXAMINER EAL EXAMINER et, city, town, or cour	Inquiry XX, Inquiry XX, Immined manner March 25 Oty) Cumbarl (City, town or could AVAGE,	PERFORMED? YES NO X inty) (State) and in my opinion 22. DATE SIGNED 1966 and Md inty) (State) MD MD
MEDICAL	underlying cause last. 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work 21. I certify that I took charge of the rem death resulted from: Natural causes actual SIGNATURE EXAMINER'S NAME (Type)R. BENEDICT SKITARI BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 3-23-66	NJURY OCCURRED 200. PLAN 1 Accident . Su Accident . Su 23c. NAME OF CEMETER ST. PATRICK!	JRRED. (Enter nature JEAN JURIS (STEPP) JEAN JURIS (Enter nature JEAN JURIS (Enter nature) JEAN JURIS (HOME) JEAN JURIS (HOME	Inspection , Undeted AL EXAMINER CAL EXAMINER CALCULATION CALCULATI	Inquiry XX, Inquiry XX, Immined manner March 25 Oty) Cumbarl (City, town or could AVAGE,	PERFORMED? YES NO X Inty) (State) and in my opinion 22. DATE SIGNED 1966 and Md inty) (State) S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Allegany l 3 to Poge Allegany deoth. Marvland MARYLAND Deportment b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) , 2, on. P.M3. P Cumberland after vears. Cumberland e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS tote De hours Chief Medical Exominer's Office along with form Jane Frazier Village Jane Frazier Village YES NO F in Item 18. Give Poges 24 hours ofter death 3 NAME OF First M ddle Молт Day Year DECEASED 1966 19 March Arthur (Type or print) Clelland Charlton DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED (68 last birthday) Male White June 26, 1897 WIDOWED D VORCED event 10o USUA, OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 10b KIND OF BUSINESS OR during most of work ng life even if retired)
Retired Laborer Steel COMPLEX Moorefield. W. Va. ony pencil 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME be executed within .⊑ Arthur A. Charlton Mary M. Boswell puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) [(If yes give wor ar dates of service) or removol, pending Mrs. Beulah Corbett, Cumberland, Md. Jar 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (a) This certificate should writing the ward 4201 cremotion, DUE TO burial CORONARY SCLEROSIS Conditions, if any, which gove rise to immediate couse (a). forworded to DUF TO stating the underlying couse 0 buriol, c 0.5 last nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? CERT FICATION YES T NO please execute the certificate. pe prior to 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) plnous PRIMARY ar CONTRIBUTING CAUSE OF DEATH S 20c TIME OF the JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) Haur o.m factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Poge at work designoted 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x Inquiry 3 jo ond in my op nion Notural couses Ex the funeral director. Suicide . deoth resulted from: Accident [Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE March 19,1966 O DEPUTY DEPUTY MEDICAL EXAMINER Benedict Skitarelic, MD Address (Street, city town, or county) Cumberland, Md. Health NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23b. DATE THEREOF (County) 0 REMOVAL (Specify) March 23 Oliver Cemetery Cumberland, Md. 24 FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md.

VR A15ME (5) 6M 1/66



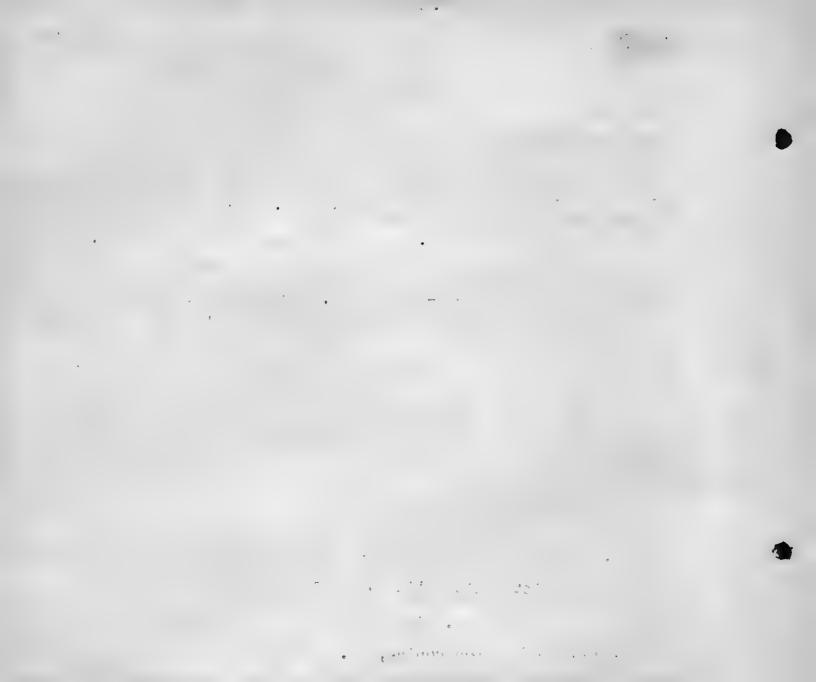
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b county Allegany o COUNTY Maryland Page oţ Allegany MARY, AND b (ITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 16 c City OR TOWN (If outside carparate imits, write RURAL and give negrest town) write RURAL and give nearest town)
Cumberland haurs after 66 years Cumberland Marvland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 8. Give Pages 1, YES NO X 930 Glenwood St. Memorial Hospital D.O.A. 3 NAME OF 4 DATE DECEASED Robert Smith DEATH (Type or print) Cleaget March S SEX 9 AGE (In years IF JINDER FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Months Dovs Hours DIVORCED September 17,1899 WIDOWED Colored Male 10o USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT ite o during most of working le, even if retired) INDUSTRY COUNTRY? QUA Allegany Maryland
14. MOTHER'S MAIDEN NAME Forman Garbage Collection Sanitation pages in any 13 FATHER'S NAME pencil Clegget William E. Clegget Ellen IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address shauld be executed ar remayal, Unknown Maude Clesset 930 Glenwood St. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o). e, writing the ward farwarded to the Ch sed as a burial-traburial, cremation, DUE TO Coronary Sclerosis Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO This certificate stating the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) MED CAL CERT FICATION YES | NO 3 designated agent, prior ta 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) (Stote) Not While foctory, street, office b dg , etc.) may be retained far yaur FUNERAL DIRECTOR: Page at work at work 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [XX]. Inquiry [X], and in my apin an death resulted from: Natural causes X. Suicide | Undetermined manner | Accident | CHIEF MEDICAL EXAMINER ACTUAL March 31, 1966 PATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER Cumberland, Md. **EXAMINER'S** Benedict Skitarelic, M.D. 5 may t TO FUNER Health o Address (Street, city, fown, or county) NAME (Type) 23d LOCAT ON (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) Md. Cumberland Allegany Woodlawn Cementery APR 5 19 24 FUNERAL DIRECTOR

VR A15ME (5



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss.on) 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Allegany
b. CITY OR TOWN (if outside corporete I m is, Maryland MARYLAND eganv c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INST TUTION (If not in hospital, give street address) Lonaconing d. STREET ADDRESS e. IS RESIDENCE ON A FARMI Miners Hospital Scotch Hill YES NO A Stat 3. NAME OF Middle 4. DATE Month Day DECEASED WILSON (Type or print) HUGH COOK.Jr. DEATH 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In yours | IF UNDER 1 YEAR 8 DATE OF BIRTH IF UNDER 24 HRS. last birthday) Tand 2 wir Months WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B.RTHPLACE (State or fore gn country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA. ittsburgh Plate Glass Lonaconing pages MOTHER'S MAIDEN NAME FATHER'S NAME Bessie Hutcheson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (If yes give war gradates of service) Mrs. Marcene Cook, Lonaconing, MD. 18 CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO ARTERTOSCLEROSIS OF Conditions, I any, which CORONARY [b] geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? pe ₽ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc. While Not While al work al work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry X and in my op nion Homicide Undetermined manner death resulted from, Natural causes X Accident Su cide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER Y DEPUTY Cumb exland, cit De or county) NAME (Type) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Stetel REMOVAL (Specify) \$ O F Burial MOSCOW 23. FUNERAL DIRECTOR ADDRESS. 24e. REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE AISME GEORGE ETCHHORN Lonaconing. 5M 9/60

HTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03071 CERTIFICATE OF DEATH deoth. executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) completely filled in by the funeral love carbon gapers. Pages 1 and PLACE OF DEATH
O. COUNTY ALLEGANY o. STATE b. COUNTY Maryland Allegany MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 18 days Cumberland CUMBERLAND. papers hin 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS e IS RESIDENC ON A FARM? 959 National Hwy. LaVale SACRED HEART HOSPITAL NO X YES 1 4. DATE 3 NAME OF First Middle Lost Doy Year DECEASED William Crites Edgar 22 19 66 March (Type or print) DEATH YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Months Doys Hours Male White WIDOWED 12-9-189h DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done during most of working ife, even if retired) INDUSTRY COUNTRY? pleose W. Va. IISA CONSTRUCTION WORKER CONSTRUCTION requires that the deoth certifical 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physi burial, cremotion, or removal, signed by the ottending phy burial-tronsst permit. Then John Crites Rose May Crites 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) [If yes give wor or dates of service] Patient's Chart WW 232 18 3664 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO 7 X 5 1 Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the lost. 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO ģ 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work , 19 66 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 3-4 3-22 19 Labor, 10. should 1966, and that death accurred at 18 M, from causes and on the date stated above. saw the deceased alive an _____ 22b DATE SIGNED 22o. SIGNATURE ATTENDING M.D DIRECTOR PHYS.

director, poge should be filed REMOVAL (Specify) MARCH 25,1966 ST. PETER & PAUL CEMETERY CUMBERLAND 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) BYRON KIGHT CUMBERLAND, MD. 20 M 1/66

23c. NAME OF CEMETERY OR CREMATORY

22c. PHYSICIAN'S

23o. BURIAL, CREMATION.

NAME (Type)

L. M-chael Glick

23b DATE THEREOF

22d. ADDRESS

126 N. Smallwood St., Cumberland, Md.

(County)

(Stote)

23d LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03085 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) 1. PLACE OF DEATH o. STATE Md. o. COUNTY Allegany b COUNTY Allegany papers. Pages 1 hin 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport Yrs Westernport d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 233 Md. Ave. A 59 233 Md. Ave. YES NO 🛣 3. NAME OF First Middle Lost DATE pan Month Doy Year DECEASED Anna Cross 24 Mar. 1966 (Type or print) DEATH Sex Female COLOR OR RACE B DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED logic inthidoy) Months Hours Days Dec. 5. 1880 WIDOWED DIVORCED and in any and 10o USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Lithuinia Diegse Lithuinia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, signed by the attending phy Thomas Vivado not known IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no grunknown) (If yes give wor or dotes of service) Rose Cross-Westernport. Md. crematian, IB. CAUSE OF DEATH (Enter only one couse per lige) (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying couse as the priar tak has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p YES NO TO FUNERAL DIRECTOR: After this certificate by the hospital ar ğ 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING C CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg , etc) Not While ot work of work 21. 1 certify that (1) (this hospital) attended the deceased from Page 4 may be retained director, page 3 should should be filed with the saw the deceased alive on 3 -22o. SIGNATUR 22b. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN Piedmont, W. Va. Robert W. Bess NAME (Type) should BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BUTTAT 3/28/66 St. Peters Westernport ADDRESS 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) Westernport, Md. 20 M 1/66

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STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR FOR STATI PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY Page a. STATE b. COUNTY Allegany director, Pay Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I mits, write RURAL end give neerest town) write RURAL end give nearest town) Rt. 3 Rawlings, Maryland Memorial Hospital d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cumberland, Maryland YES NO X 3. NAME OF Middla 4. DATE Month Day DECEASED OF (Type or print) James Edward Crossland DEATH March 5th 19 66 6. COLOR OR RACE 17. MARRIED NEVER MARRIED with B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years HF UNDER 1 YEAR 2 with last birthday) Months Hours Jan. 13,1917 Male WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Textile Grant Co. . W. Va. USA Spinner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillie Flanagan Howard Crossland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Rt#3, Rawlings, Md. (Yes, no, or unkown) , (If yes give wer or detas of service) in pencil in Item 1 No 18. CAUSE OF DEATH [Finter only one cause per line for ,a), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Crushed Skull Sudden IMMEDIATE CAUSE (e) DUE TO burial (Automobile Accident-Driver) Conditions, if any, which gove rise to immediate couse **DUE TO** (e), steting the underlying PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDIT ON GIVEN IN PART I(6)) 19. WAS AUTOPSY PERFORMED? Ŕ cremat YES AN NO plnous 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW NURY OCCURED (Enter nature of injury in Part I or Part II of Iam 18.1 age 3 sho CAUSE OF DEATH. Driver of Automobile involved in accident 2De. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stote) Not While . fectory, street, office bldg., etc.) Rt. 220--2 mile South, Rawlings, Alleg. Md. et workXX at work OR: forwarded to t 21. I certify that I took charge of the remains described above, held an Autopsygx, Inspection X. Inquiry XX. and in my opinion Accident xx Suicide Undetermined manner death resulted from Natural causes Homicide CHIEF MEDICAL EXAMINER lease execute the should be forward. DI. FUNERAL DI. w its designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER XX March 5, 1966 DEPUTY BENEDICT SKITARELIC. Address (Street, city, town, or cour Cumberland, Maryland NAME (Type) 22e. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (C'ty, town, or country) REMOVAL (Spec by) P40 9 Waxler Cemetery Rt#3. Rawlings, Md. 24e. REC'D BY REGISTRAR I 24b REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A1SME Keyser, W. Va. SM 9 60



7 1 (M)		Divisi	ion of STATISTIC	MAR' CAL RESE	YLAND STATE DE ARCH AND RECORD	S, 301 W. PRESTO		ALTIMORE 1, N	ARYLAND
FOR STATE		03987		EDICAL		CERTIFICAT		ATH	(30)74
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY	ALLEGAN	Y	MARYLAND		CE (Where decease RYLAND		: Residence before admission) ALLEGANY
cessary, come functial for the formal for the formal formal for the formal form		b. CITY OR TOWN write RURAL FROS	N (if outside corporate and give nearest town PRIBC	te limits, n)	c. LENGTH OF STAY IN 15		outside corpora	ite ilmits, write RUR	AL and give neerest town)
Department		d. NAME OF HOS	PITAL OR INSTITUTIO	N (If not in h	ospital, give street eddress		BEALL'S	TAND	e. IS RESIDENCE ON A FARM?
delay nd 3 to Page State hours	3.	NAME OF DECEASED	L'S LANE	rst	Middle	Last	4. DATE	Month	YES NO C
any of 2, ar PM3. PM3.	_	(Type or print)	CHARL		GRANT	DURST 8. DATE OF BIRTH	DEATH	MARCH	5, 19 66 ER 1 YEAR FUNDER 24 HRS
ges 1, 2 form P form P within		MALE	6. COLOR OR RACE	7. MARRIED WIDOWED				st birthday) Months	
er death. ive Pages with for	dur	USUAL OCCUPATING MOST OF WORK	ION (Give kind of work on a life, even if retired	d) #	IND OF BUSINESS OR NOUSTRY TON'S GARAGE	11. BIRTHPLACE (S			COUNTRY?
along along		FATHER'S NAM		(PIOI)	TON-D CARLAGE	14. MDTHER'S MAII		1 0	· D. A.
g E g	18	HUDSON	DURST EVER IN U.S. ARMED FO	PCE82 16	SOCIAL SECURITY NO. 17	HARRI	ETT PRES	TON Address	
hin 24 iii in 1 r's Of r's Of oval, 6		x, no, or unkown)	(If yes give war or dates of	f Service)		JOHN C. DURS	T, FROST		
ted within in pencil Examiner's Examiner's sit permit.			DEATH [Enter only one ATH WAS CAUSED BY: IMMEDIATE CAUSE	2	Ine for (a), (b), and (c). $CORON$	ARY Oc	clus	1022	INTERVAL BETWEEN ONSET AND DEATH Suddey
ld be executed "pending" in f Medical Exar burial-transit cremation, or		420 / Conditions, If	DUE any, which \	TO (b)	Coron	lary So	eleros	15	
3 5 6 6		gave rise to cause (a), si underlying caus	Immediate Due	TD					
tificate sho gg the wor to the Chi e used as or to burial	ICATION	PART II. OTHER S	IGNIFICANT CONDITIO	(c) ONS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASECONDIT	ION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFIC	20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature C	f Injury in Part	or Part 11 of Item	18.)
NER: This cer ificate, writin be forwarded ge 3 should t ed agent, prio	MEDICAL (Hour a.r		Year 20d. While at wor	Not While fac	ACE DF INJURY (Home, it tory, street, office bldg.,		y or town) (I	County) (State)
# Z - 2 t	M	21. I certify			nains described above, i	ield an Autopsy [],	Inspection	🔀, Inquiry 🗟	, and in my opinion
EXAMINE certificate should be Ir files.		death result	ed from: Natural	l causes 💢	, Accident , S	uicide , Homic	,	determined mann	er 🔲
cutte age r you		ACTUAL SIGNATUREX	Benedi	ctx	Skitarel	M.D. ASSISTANT MI	EDICAL EXAMINE		
F 8 F 5 - 1		EXAMINER'S NAME (Type)		SKITAR		Address (Stre		county) CUMBE	CRLAND, MD
TO DEPUTY please ely director, retained TO FUNERA of Health	23:	BURIAL, CREM REMOVAL (SP BURIAL	MATION, 23b. DATE			RY OR CREMATORY		TION (City, town or TBURG, MD.	
E E		FUNERAL DIRE		3 166	1 FB G MEMOR	IAI. PARK	EC'D BY REGISTR	AR 25b. REGISTR	AR'S SIGNATURE
VR AISME (5)		JOSEPH R	. DURST, SR	R., FRO	STBURG, MD .	DATE	R 9 15	SO fra	eles Judge

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سنز میر	1	1)		39880 DR. J	N OF STATI ACOBSON	STICAL	MARY RESEA	RCH AND REC	ORDS	PARTMENT OF ARTMENT OF	IN STRE	TH ET, BA	LTIMOR	E 1, MA	RYLAND	5
7	death.		1.	PLACE OF DEATH	1	'			1	2. USUAL RESIDEN	CE (Where d	eceased liv			dence before	admission
				ALI	LEGANY			MARYL			RYLAN	-	b. COUNT	ALI	LEGAN	
	s after by the Pages 1			b. CITY OR TOW write RURAL			nits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		•		RURAL en	d give near	est town)
	hours d in by rs. Pa			d. NAME OF HOS	MBERLAN	TITION GE	not la bos	12 DAYS spital, give street ad	draga	d. STREET ADDRESS	STERN	PORT			1 1	COLDENOL
	24 fille sape	7				HOSP		pricar, give street au	uress)	42		NUT	STRE	ET	ON A	ESIDENCE FARM?
	ecuted within and completely remove carbon pany event. within		3.	NAME OF DECEASED		First		Middle	·····	Last	4. DATE		Month		Day Y	ear
	d w mple carl			(Type or print) SEX		LUT		0.		EVANS	OF DEAT		MARC		25 19	
	recuted and corremove remove				6. COLOR OR R	. —				DATE OF BIRTH	5	. AGE (। last b	n years IF rthday) M	ONDER 1 Y	EAR IFUND	
	and remo		i	MALE.	WHIT	- 1	L 10b. KIN	ID OF RUSINESS OF		7-8-1885	Soundy & State					
	ase ase		dur	RETIRI	ing life, even If I	retired)	INC	MINER		WEST V			in sound y/	COU	ZEN OF WHA	131
	cate physical of	-	13.	FATHER'S NAM			1	HINCK		14. MOTHER'S MAII		IA		0.	3.M.	
	ing Ther			DAVI	D EVANS					ARMEDA	KESS	EL				
	leath certificate be a strength of the strengt		15 (Ya	. WAS DECEASED E s, no, or unkown)	VER IN U.S. ARM (1f yes give war or	ED FORCES dates of servi	? 16. S(ce)	OCIAL SECURITY NO.		INFORMANT EMORIAL H	OSPIT	Λ1 _ C	Address	DI ANI) MD	
	dea dea ne al perr		<u> </u>	10 041165 05 1	DEATH CE-A				Į.		OSFII	AL - C	O PID C			
	that the death certificate sician. ned by the attending physial al-transit permit. Then ple				ATH WAS CAUSE IMMEDIATE C			e for (a), (b), and (c). e Left Ven		ular Fai ki	re				STEEL AND	DEATH
	that sicia med al-tra			4201	IMMEDIATE G	DUE TO										
	phy phy buri			Conditions, if		(b)_	Aric	ular Fibri	llat	ion						-
	requires iding phy been sig the buri			cause (a), st	ating the	DUE TO	Corro	nary Arter	inen	l ereci e						
	law Itten has as		8	PART II. OTHERS		(c) _				TED TO THE TERMINAL	DISEASE CO	VOITION	IVENINDA	DT 1(a)	19. WAS /	UTOPSY
	or a sate ruse	4	CAT		1-2	~ 4		cosis	TREM	LD TO THE FERMINAL	DIJENJEGO	101110110	1145411414	KI Z(O)	PERFO	RMEO?
	ital for file	7.	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYIF	vg 🗎 📗			OCCU	RRED. (Enter nature o	f Injury In I	art I or I	Part II of I	tem 18.)	X	100 00
	PHYSICIAN: the hospita this certifi desached fo			(IF EITHER, NOT	IFY MEDICAL E	XAMINER)										
			MEDICAL	20c. TIME OF I Hour a.m p.m	n.	Day, Year	While at work	Not While at work	e. PLAC factor	E OF INJURY (Home, f. y, street, office bldg., e	arm, 20f.	(City or	town)	(Count)	1)	(State)
	ATTENDIN retained b CTOR: Aft I should b vith the St			21. I certify	y that (1) (this	hospital)	attended	the deceased fro	m Ma:	rch 13, 1	9 66 to	Marc	h 25	, 19_66	, that (1)	(we) last
	CTO Sho		П	saw the dec	eased alive or	Mar.	24,	19_ <u>66</u> , an	d that	death occurred at	<u>> 1 M, f</u>	on the		id on the	date state	d above.
	OR be DIRE	1	П	~ /	imme	al .	mu	J.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STA	FF -		26, 19	266
	may KAL	- 1		22c. PHYSICIA NAME (Ty	N'S	MILE		14.0000001	M.D.	22d. ADDRESS						MD.
	HOSPITAL IGE 4 may FUNERAL rector, pa				UNDA	MUEL		JACOBSON			SHING				BERLA	
	Page of Street		23a	BUTIAL (Spe	ATION, 23b. D	28/66	EOF	23c. NAME OF CEN Philo				West	city, towi	rt	Md	State)
		1. 8	24.	EUNERAL DIRE	CTOR	1,		ADDRESS		25a. RE	C'D BY REG		25b. RES	istrar's s	IGNATURE	
	VR ALS (4) 20M 1/65	1.1	_	E. 1.	12261	X	West	ernport, M	d.	IAMAD	123	1966	1 m	arely	Jung	<u></u>

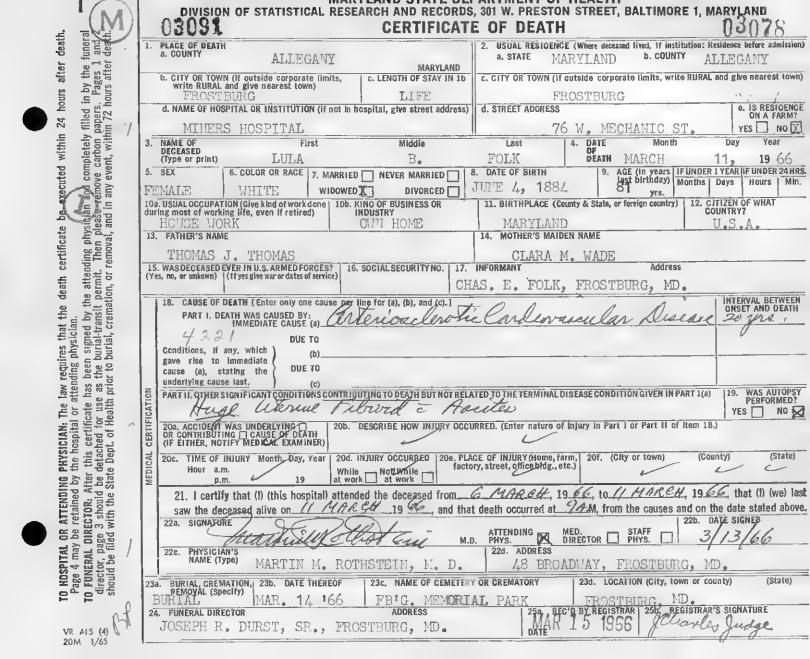


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) ani a. COUNTY b. COUNTY etely filled in by the fubon papers. Pages 1 Within 72 hours after (24 hours after Allegany Maryland. Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENCTH OF STAY IN 1h Write RURAL and give nearest town) Barton Dawison' Dawson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Railroad St. Van Pelt Nursing Home YES NO n and completely frequency carbon party event, within executed within NAME OF First Middle Last DATE Month Year DECEASED (Type or print) DEATH Ethe] Fazenbaker March 8 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | ACE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH Months I WIDOWED TO DIVORCED | Female 0 5 10a. USUAL OCCUPATION (Cive kind of workdone) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Retired House Wife Home Zepp. Va. TI.S.A MOTHER'S MAIDEN NAME attending phy ermit. Then p n. or removal, James Brill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Rose Miller ed by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or imkown) [(If yes give war or dates of service) Robert L.Brill Kevser W. Va. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) (Brother) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). Ventricular fibrillation n signed l burial-tra burial, cra 6000 DUE TO 6) Hypertensive cardiovascular disease minutes Conditions, If any, which gave rise to Immediate 먑 ten years DUE TO cause (a), stating the underlying cause last. (c) Chronic pyelonephritis vears CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES T NO 🗔 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work December 19 61 to March 5, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6.2 1 M. fArm Me causes and on the date stated above. IRECTO saw the deceased alive on. 22a. SICNATURÉ 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 3-8-66 may pal O HOSPITAL EIIAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) G. Staggers Keyser W Va 2 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 3-11-66 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) Kevser.W.Va. 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shoutd USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission I. PLACE OF DEATH a. COUNTY **b. COUNTY** Allegany Allegany MARYLAND Md. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland Years . IS RESIDENCE d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X 17 Decatur Decatur St. completely 3. NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) **19**66 Flynn George IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7, MARRIED XX NEVER MARRIED last birthday) Months and WIDOWED [DIVORCED [Malle 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE . County & Stelle, or fore an country! done during most of working life, even if retired, Agent Insurance Harrison , W. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Caroline (Gabbert) Justin P. Flynn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) 234-10-6249 Mrs. Beatrice Flynn 17 Decatur St., INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (e), (b) and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Myocardial Infarction, recent mo. Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying Coronary Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus NO # 29b, DESCRIBE HOW INJURY OCCURED, Enter nature of in ary in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None (State) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bidg., etc.) . Not White $\mathbb N$ one 21. I certify that (I) (this hospital) attended the deceased from July 17, 1959 to March 7, 1966, that (I) (we) last saw the deceased alive on March 7. 1966 and that death occurred at 5. 30, And the causes and on the date stated above 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) James P. Hallinan 140 Bedford St., Cumberland, Md. 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria Cumberland 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Byron Kight Cumberland, Md. 15M 7-62



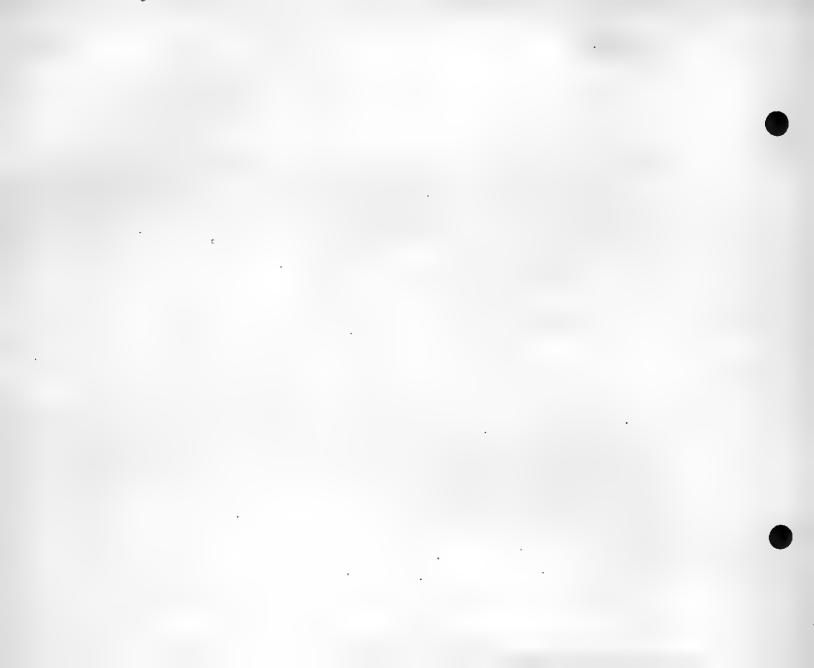




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARY MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY Allegany b. COUNTY a. STATE Allegany Maryland MARYLAND Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 25 years Cumberland Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State hours Memorial Hospital Route 2. Williams Road DATE Month Day 3. NAME OF Middle Last 4. DECEASED Denzil H. (Type or print) Priend DEATH March 19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS after death. If a S. Give Pages 1, ong. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthday) Months Davs April Male White WIDOWED . DIVORCED [77] 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) EXAMINER: This certificate should be executed within 24 hours after de certificate, writing the word "pending" in pencil in Item 18. Give I should be forwarded to the Chief Medical Examiner's Office along with COUNTRY? Swanton, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry W. Friend Maggie Raxrode 1 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) | (If yes give war or dates of service) permit. removal, Mrs. Hazel P. Leslie. Cumberland. Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH LOBAR PNEUMONIA PART I. OEATH WAS CAUSED BY: burial-transit | cremation, or 1 BILATERAL IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which (b). gave rise to immediate DUE TO cause (e), stating the 60 underlying cause lest. used as to burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMED? DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) should be gent, prior 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 3 shoul agent, MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While at work at work and in my opinion Inspection X. Inquiry X. 21. I certify that I took charge of the remains described above, held an Autopsy DCI. FUNERAL DIRECTOR: F files. Undetermined manner Homicide Accident Suicide death resulted from: Natural causes XX CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE MARCH 1, 1966 Cumberland, DEPUTY MEDICAL EXAMINER **EXAMINER'S** SKITARELIC, M.D. BENEDICT director. retained Address (Street, city, town, or county) NAME (Type) (State) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23a. 0 REMOVAL (Specify) Burial United Brethern Cemetery Swanton, Maryland March 4.1966 25a. REG'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** James F. Scarpelli, Cumberland, Md. VR ALSME (5) 1/65



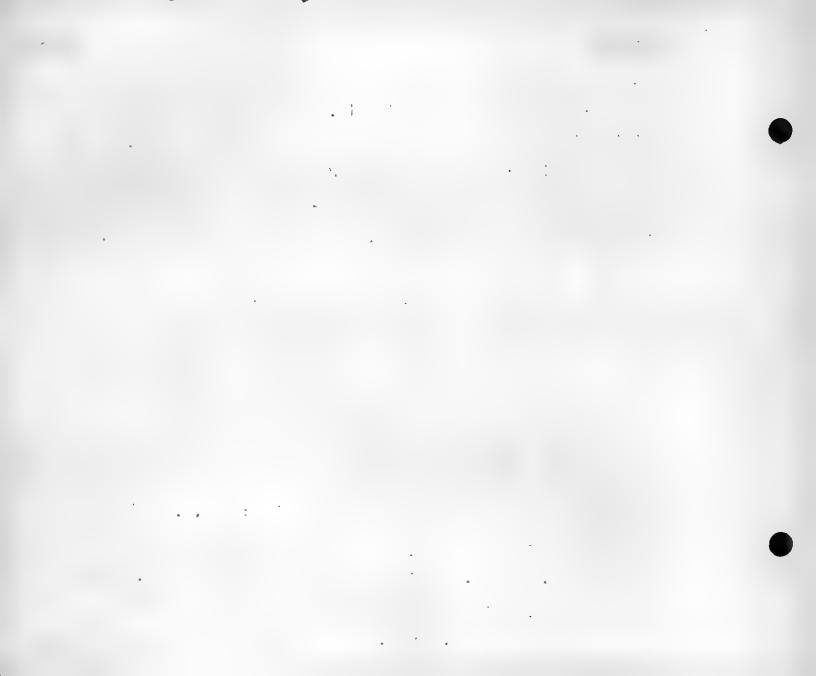
1725	1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
-	E 507	03093 CERTIFICATE OF DEATH 03080			
	after death. the funeral	1. PLACE OF DEATH a. COUNTY a. COUNTY a. COUNTY a. COUNTY			
	F 8 5	Allegany Maryland Maryland Allegany			
	rs aftu by thu Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lonaconing C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Corrigans Ville, i.d.			
	hours id in by irs. Pa 2 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
	24 fille pape in 7.	Kyle Kursing Home YES NO 2			
	executed within and completely remove carbon prainting any event, within	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) Cthe Line Nickle Geiger DEATH Harch 9, 1966 19			
	rted Com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.			
	any ev	I cmale hite widowed Divorced March 30, 1884 1881 yrs. Months Days Hours Min.			
	ficate be en physician and in please	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	ate hysic plea II, an	Housewife Allegany Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
	certifica ding ph Then remova	Harry Nickle . Unknown			
	eath certific attending p ermit. Then on, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
	death e atter permit. ion, or	NO Tione Okten h. Gerger Corrigansville, has			
	sit sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OR ONSET AND DEATH			
	law requires that the attending physician. I has been signed by the seas the burial-transit the prior to burial, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo can dial Ischemice 2 days			
	physi physi n sign buriat buriat	Conditions, If any, which (b) terrosclerote CV disease years			
	requir ding p been the bi	gave rise to immediate cause (a), stating the DUE TO			
	ttendii ttendii has be as th prior	underlying cause last. (c) (c) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY			
	世では当世	E Octor De Contra agrande left lage YES NO X			
		20a ACCIDENT WAS INDERLYING 1 20h DESCRIPT HOW INTIRY OCCURRED (Soter paints of latery in Part II of them 18)			
	PHYSICIAN: the hospita this certifi detached fo e Dept. of h				
	_ ~ _ 0 9	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Power of the control of the co			
	- 4- ···· ()				
	OR ATTENDID be retained IRECTOR: A ie 3 should id with the S	21. I certify that (I) (this hospital) attended the deceased from			
	OR AT be ret IIRECT ge 3 s ge 3 s sed with	22a. SIGNATURE 22b. DATE SIGNED			
	AL OR nay be NL DIR page filed	M.D. ATTENDING MED. DIRECTOR DIRECTOR 3,11.66			
	PITA FERA For, I	NAME (Type) L.R. MILES JR. M.D. LONACONING MD			
	TO HOSPITAL OR ATTENDING Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
	5 6 8 9	REMOVAL (Specify) Mar. 12, 1966 Rest Land Memorial Pirk Cash Valley Rd. 164			
	NO NE CO BY	1/7			
	VR #15 (4) %2 20M 1/65	Marvey H. Leigher Hynaman, Pa. I natt AR 16 1966 Johnster Judge			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03094 Item 3 Film 3375 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) dea b. COUNTY Allegany o. COUNTY o. STATE Allegany smpletely filled in by the fur ve carbon papers Pages 1 event, within 72 hours affer MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport n 40 Yrs rural Westernport d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? physician and campletely filled en pleasemane YES NO X 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED 66 Review Garland Lewis Grove Gaffane/ lar. 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS lease mayave a S. SEX 6 COLOR OR RACE 7. MARRIED B DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** lost pethdoy) Months Male White May 14, 1897 Dovs Hours 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT dyring most of working life, even if retired) COUNTRY? Garrett-Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, James L Grove Lavina Fazenbaker WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 37. INFORMANT Address 217-10-7964 Mrs. Mary Grove Westernport. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO as the stating the underlying couse has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. af Health NO CERTIFICATI TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 2]. I certify that (1) (this hospital) attended the deceased fram March 1966, that (1) (we) last 1966, and that death accurred of 2 3 M, from causes and on the date stated above. saw the deceased olive an Murch 22o. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Paul R. Wilson Piedmont, W. Va. 23d LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial (Specify) Philos Westernport 3/14/66 Md. 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR ADDRESS** 2So. REC'D BY REGISTRAR Westernport, Md. VR A15 (4) 20 M 1/66



2 27	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
H 3 - NIVI	03095 CERTIFICATE OF DEATH			
funeral 1 and 2 or death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY			
hours after d in by the 1 rs. Pages 1 2 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND MARYLAND MARYLAND ALLEGANY C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND			
4 48 9 4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL 10 EAST CLEMENT ST. e. is residence on a farm? YES \(\sum_{NO} \) NO PA			
e be executed within 22 sician and completely fill lease remove carbon pay and in any event, within	3. NAME DF DECEASED (Type or print) HITCHELL ROY HANSON DEATH MARCH 22 19 66			
executed and corremove any eve	5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED DEC. 21, 1911 9. AGE (In years FUNDER 1 YEAR IF UNDER 1 YEAR IF U			
te pe ysiciam please and im	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Chemical Operator Chemical Co. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Chemical Operator Chemical Co. 12. CITIZEN OF WHAT COUNTRY? AXXIVITED AND TOTAL COUNTRY?			
death certificate te attending physippermit. Then ple clon, or removal, a	13. FATHER'S MAIDEN NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
endin it. Ti	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
death e att permi	MEMORIAL HOSPITAL			
y th	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH June 1965			
res phys suris burit	Conditions, if any, which (b) Massive Cerebral Harmonshage aut			
law requir attending p has been e as the bh	cause (a), stating the DUE TO underlying cause last. (c)			
AN: The law pital or atten rrificate has d for use as of Health prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
± 5 0 € 5 €	County C			
TO HOSPITAL OR ATTENDIN Page 4 may be retained to FUNERAL DIRECTOR. Aft director, page 3 should be filed with the St	21. I certify that (I) (this hospital) attended the deceased from 15.66, 19:25 to M. 1221, 19.66 that (I) (we) last saw the deceased alive on 2219 6 and that death occurred at M, from the causes and on the date stated above.			
TAL OR / may be r IAL DIRECTOR / page 3	Claryte Survett M.D. ATTENDING MED. STAFF 3/2 7 66			
O HOSPITAL Page 4 may O FUNERAL director, pa	22c. PHYSICIAN'S NAME (Type) DR. CLAY E. DURRETT 22d. ADDRESS 236 VIRGINIA AVE. CUMBERLAND, MI			
TO HOS Page - TO FUN direct should	23a. SURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUTIAL 3-25-1966 Sunset Memorial Park Cumberland, Md.			
VP ALS CA CA	James F. Scarpelli, Cumberland, Md.			
VR AI5 (4) (7)	MAR 28 1966 Charles Judge			



a 1	1 (3.1		MARYLAND STATE DEPARTMENT OF HEALTH Qivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
FOR S	STATE	1	03096 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
HEALTH	DEPT.	1.	PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)		
. n = a)	. .		ALLEGANY MARYLAND ALLEGANY		
tunera funera nay be	Department after death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)		
20 00	er d		FROSTBURG D. O. A. ROUTE 1, FROSTBURG		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	s afte De		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?		
any delay 2, and 3 in the PM3. Page 5	State hours	3	MINERS HOSPITAL YES X NO NAME OF First Middle Last 4. DATE Month Day Year		
ny d M3.	the 72 t	0.	Type or print) CHARLES S. HARVEY DEATH MARCH 23, 19 66		
= - =	thin ithin	5.	SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.		
Pages		I	MALE WHITE WIDOWED DIVORCED APRIL 6, 1892 73 yrs.		
- 음악, 東네	S e e e	10a dur	I. USUAL OCCUPATION (Give kind of workdone) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?		
after on Give			FARMING OWN FARM MARYLAND U.S.A. U.S.A.		
hours em 18	pages in any	13.	FATHER'S NAME		
	and	15	ROBERT HARVEY MARY GIBSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY ND. 17. INFORMANT Address DOW 124 DM 1		
	val.	(Ye	was deceased ever in U.S. Armed Forces? 16. Social security No. 17. Informant address BOX 131, RT. 1, 17. Informant BOX 131, RT. 1, 236-34-4639 MRS. MAGGIE HARVEY. FROSTBURG. MD.		
uted within 24 " in pencil in I Examiner's Of	permit. I removal,		18. CAUSE OF DEATH (Fater only one cause per line for (a) (b) and (c) 1		
Exam	Sit 1		PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden		
xecu ing.	burial-transit cremation, or		TO DUE TO O		
be e pend fedii	urial		gave rise to immediate (b) (b) (or on ory clerasis)		
ould def	10		cause (a), stating the DUE TO underlying cause last.		
S S S	urial	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
XAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's	used as to burial	CERTIFICATION	YES NO E		
d in the	3 should be agent, prior	RTIFI	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
R: This cert ate, writing forwarded	it, pi				
R: Ti	3 sh ager	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)		
tific and partition and partit	Page	ž.	p.m. 19 at work		
should should			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Sulcide, Homicide, Undetermined manner		
< 1	r your tiles DIRECTOR: ir its desigi		CHIEF MEDICAL EXAMINER		
MEI ecute Page	DIRECT TITS OF		SIGNATURE Senedict Skilarelie M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED 2/22/166		
	2 - °		DEPUTY MEDICAL EXAMINER 3/23/66 EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M. D. Address (Street, city, town, or county) RD 9, CUMBERLAND, M		
please ex director.	FUNERAL I	238	Tham (Type)		
dire	5 5 T		DEMOVAL (Charley)		
	- W	2	FUNERAL DIRECTOR ADDRESS 254. REC'D BY REGISTRAR'S SIGNATURE		
VR A	15ME (5) (7)		JOSEPH R. DURST, SR., FROSTBURG, MD. DAMEAR 28 1966 Charles Judge		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN OF STAY IN 16 outside corporata (mits, writa RURAL and give nearest tow) ON (if not in hosp tal, g ve street addrass) a. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF Middle paper DECEASED OF DEATH (Type or print) and cor OLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In yaars IF UNDER 1 YEAR VIF UNDER 24 HRS. lest birthday) Months Hours WIDOWED 10a. JUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTIN 12, CITIZEN OF WHAT COUNTRY? State, or foraign country) during most of working I fa, aven if ratirad) FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, w unknown) (If yes give war or dates of service) IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 201. Kity or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., atc.) Hour a.m. While: at work at work n.m. 19 19...... Ahat (1) (we) last from the causes and on the date stated above. 22a. SIGN ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. 23d. LOCATION (City, lown or county) OF CEMETERY OR CREMATORY (Stata) 5 P 25a, REC'D 25Ь. 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution: Rasidence before admission) a. COUNTY Allegany a. STATE Maryland **b.** COUNTY Allegany by the and 2 death. MARYLAND b. CITY OR TOWN if outside corporate timits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give nearest lown) Cumberland 16 months Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Sylvan Retreat Mechanic Street YES NO TO papers. 3. NAME OF First Middla 4. DATE DECEASED (Type or print) DEATH John Helker March 23 19 66 attending physician and co 5. SEX 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months Malle WIDOWED TO DIVORCED certificate rémove, 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Construction Worker Allegany County Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 Henry Helker Mary Ahouse 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, 621 N. MechanicSt (Yes, no, or unkown) (Ifyexgive war or datas of sarvice) Cumberland, Md John L. Helker 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), end (c). aftending physician. INTERVAL BETWEEN signed by PART I. DEATH WAS CAUSED BY: , chr. degues IMMEDIATE CAUSE (a) cremation, peen Conditions, if eny, which gava rise to immadiata cause After this certificate has the t BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY the hospital **II** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT CERTIFICATION \$ Q PERFORMED? No prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Whila Not While al work et work DIRECTOR:19 66., and that death occurred at LOP M, from the causes and on the date stated above saw the deceased alive on liarch 22a. SIGNATUR 22b. DATE **ATTENDING** SIGNED PHYS. DIRECTOR PHYS. death. Page 4 with ± 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 49 Greene St., Cumberland, L. B. Mathews. M.D. filed v 236, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) る市る Hillcrest Burial Park Cumberland Alleg Co Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Ruth E. Silcox Cumberland Marvland 21502 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death PLACE OF BEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY and completely filled in by the 1 emove carbon papers. Pages 1 any event, within 72 hours after Allegany Allegany MARYLAND Marvland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Browning Street YES [NO S Browning executed within 3. NAME OF DATE Month Middle DECEASED OF 31 19 66 Edgar DEATH (Type or print) Clayton Herring March and con 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) Months Hours April 4. 1889 Male White WIDOWED X DIVORCED physician as pleme e 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be INDUSTRY COUNTRY? Retired Carman Mt. Savage, Maryland Railroad USA removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME John C. Herring Mary . Hergot ed by the attend transit permit. , cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT **Address** (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Wm. Cassell. Cumberland.Md.-Daughter INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior t underlying cause last, **TOR: After this certificate has should be detached for use as ith the State Dept, of Health prior CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ND N YES [2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TO HOSPITAL DIRECTOR: After this director, page 3 should be detached should be filed with the State Der MEDICAL (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) factory, street, officebldg., etc.) Hour a.m. While - Not While at work at work L 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 20 M "x 119 6 6 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. ATTENDING DIRECTOR PHYS. M.D. PHYS. 22c. 22d. ADDRESS PHYSICIAN'S NAME (Type) Clay E. Durrett. M.D. 236 Virginia Ave Cumberland .Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mt. Savare, Md. St. George Cemetery Burial
24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. James F. Scarpelli, Cumberland, Md. VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. COUNTY be filed b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write **LENGTH OF STAY IN 16** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Elleralie Cumi erland d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? or al Hospital YES I NO TO 3. NAME OF Middle 4. DATE Month DECEASED Curtis Lenni DEATH (Type or print) 12 C 19 5 SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Cob. 9, 1)20 DIVORCED | WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Fig. 1 CVCP LCVCP . Si AN'V P'' 3 n Cu berland, In. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mildred Burley George D. Hickle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work | ot work | p. m. 21 I certify that (1) (this hospital) attended the deceased from. 2-27 . 19.66, that (I) (we) last 1966, and that death accurred a M. fram the causes and an the date stated above. saw the deceased alive an 226. SIGNATURE 22c PHYSICIAN" 22d ADDRESS Centre St. Cumberland, Md. Iames. M.D 23a BURIAL CREMATION. 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county PUNÉRAL DIRECTORS SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S S GNATURE



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
FOR STATE	03101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13087	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Re B. STATE 14.3 b. COUNTY 1.3.2.2.2.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	sidence before admission)	
cessary, funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY DR TOWN (If outside corporate limits, write RURAL write RURAL)	and giva nearast town)	
cessar funer may partme	CUMBERTAND rural Frowtburg	2//	
affe affe	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
delay nd 3 m Page State [hours a	MEMORIAL HOSPITAL Route 1	YES NO K	
PM3. In the St	3. NAME OF First Middle Last 4. DATE Month OF OF OF DEATH MARA 1	Day Year .5 19 66	
form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER)	YEAR IFUNOER 24 HRS.	
feath. If a Pages 1, the form	ass birulday/ (Months)	Days Hours Min.	
ours after death. m 18. Give Pages e along with fu pages 1 and the	MATE White WIDOWED DIVORCED July 26, 1906 59 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Bakery 11. Birthplace (state or foreign country) West Virginia	TIZEN OF WHAT	
alon alon ages	13. FATHER'S NAME		
24 hour literal Office File para and in	James Garland Howard Martha O'Neil		
EXAMINER: This certificate should be executed within 24 hours after deather certificate, writing the word "pending" in pencil in Item 18. Give Parabolic forwarded to the Chief Medical Examiner's Office along with files. Tiles. Tolk: Page 3 should be used as a burial-transit permit. File pages 1 and designated agent, prior to burial, cremation, or removal, and in any event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unbown) (If yes give war or dates of service) 236-03-4262 Mrs. Doris Howard-Rd. 1-Frostbur	<u> </u>	
ed wil	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Shock IMMEDIATE CAUSE (e)	INTERVAL BETWEEN	
ecutalistics in the control of the c	1459		
die gie	Conditions, if eny, which but to immediate but to immedia	2 hrs.	
uld be executed d "pending" in set Medical Example a burial-fransit , cremation, or 1	cause (e), stating the DUE TO Fractured Ribs	2 hrs.	
ficate shoul the word o the Chief used as a to burial,		19. WAS AUTOPSY PERFORMED?	
ficat the of the use	ICAT	YES T ND	
cR. This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Itam 18.) B. CAUSE OF DEATH. Driver of Vehicle involved in accident		
This orwal sho gent,	Z 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)	
NER. ficat ficat of ag	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street office bldg., etc.) 5:00 a.m. 3/15/6619 Whila at work at work at work Route 36 Gilmore Allege	ny Md.	
EXAMINE the certification of t	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🛣, Inquiry 🗌,	and in my opinion	
Div. Exa tte the co se 4 shoul syour files. IRECTOR: its design	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner		
	ACTUAL SIGNATURE Senedict Sketarelie M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED	
of Pace		15/66	
O DEPUTY M please exer director. P retained for 7 FUNERAL of Health o	I NAME (Type) DR BENEDICT SKITARELIC M.D. Address (Street, city, town, or county)	(04.44)	
TO DEPUTY please et director. retained of Health	239. BURIAL GREMATION, 23B. DATE THEREOF 23C. NAME OF CEMETERY DR CREMATORY REMDVAL (Specify) 3/18/66 Bloomington Bloomington		
	24 CINEDAL DIPECTOR / ADDRESS 1 250 DECIDEDAD SED DECISTORAL SED DECISTORAL	SIGNATURE	
VR AISME (5)	Westernport, Md. MAR 21 1966 fcliante	1 Judge	



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) R.F.D. #2, BOX 581, FROSTBURG ${ t FROSTBURG}$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARM? HOSPTTAT. BIG YES NO I 3. NAME OF DATE Middle Last DECEASED OF (Type or print) DEATH 19 66 BOY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months 1966 MALE WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) N.A. 13. FATHER'S NAME SALLY ANN TMRS EUGENE CUTTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unknwn), (Ifyesgive werordates of service) MABEL CUTTER R.F.D.#2. N.A. 18. CAUSE OF DEATH jEnter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6). 19. WAS AUTOPSY PERFORMED? NO M 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING THE CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year fectory, street, office bldg , etc.) Hour a.m. et work 1966 to 3/2.5 19.64 that (1) (we) last 19.66, and that death occurred at PPM, from the causes and on the date stated above. saw the deceased alive on ... 3/2.5 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d_ ADDRESS BROADWAY. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stelle 238. BURIAL, CREMATION, 236. DATE THEREOF A G 966 KENZIE GARRETT 0 VR A15 [4] 1966

PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS.



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA			
1	03103	CERTIFICAT	E OF DEATH	63088
J	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If inst	itution: Residence before admis
	ALLEGANY	MARYLAND	MARYLAND 6. COUNTY	ALLEGANY
	b. CITY OR FOWN (if outside corpo write RURAL and give neeres) to	rate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RI	JRAL and give nearest town)
	FROSTBURG	l DAY	FROSTBURG	, ,
		JTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESID ON A F
	MINERS' H	OSPITAL Middle	79 HILL STREET	YES N
	****		tast 4. DATE Month OF DEATH MAD CU	
	TUTITI		DATE OF BIRTH 9. AGE (In yours IF	25 19 6
	TOTAL A SECURITY OF THE SECURI	WIDOWED TO DIVORCED MA		onths Deys Hours
	10a. USUAL OCCUPATION (Give kind	of work 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT CO
	HOUSEWIFE	of retired) OWN HOME	FRIENDEVILLE, MD.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	A A W. 4 TA A
	JOHN MYERS		MONTERA BARNHOUSE	
	15. WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address F	ROSTBURG, 1
	NO	NONE MRS	S. ANDREW LASLO, 85 HILL	STREAT,
	PART I. DEATH WAS CAUSE	only one cause per line for (e), (b), end (c).]	F: 1 0	INTERVAL BETWO
	IMMEDIATE CA	AUSE (a)	Failure	- 000
	Conditions, if eny, which	DUE TO	Fibrillation	244
	gave rise to immediate cause	DUE TO	0,000	
	(a), stating the underlying couse last.	(c)		
	PART II. OTHER SIGNIFICANT		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AU
ri		vinowa of head	Pot Paucilas	YES N
ĺ	20e. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	G 206, DESCRIBE HOW INJURY OCCURED.	(Enter neture of Injury in Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month,	While Not While factor	CE OF INJURY (Home, Ierm, 20f. (City or town) rry, street, office bldg., etc.)	(County) (S
		19 et work at work	m = 0 20 -11 - 20 - 20 - 2	6
		hospital) attended the deceased from	marely 20 19lds 10 march 12	(2, 19 (c/b, that (1) (w
	saw the deceased alive or	19.00, and that	death occurred at \$ 19. M., from the causes and	on the date stated a
	22e. SIGNATORE	B. Davis	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1 has
	22c. PHYSICIAN S	, , M.	22d. ADDRESS	
	NAME (Type) JOH	N B. DAVIS, M.D.	_ 2 BROADWAY. FROSTBU	RG MARYI AN
		TE THEREOF 23c. NAME OF CEMETERY		or county) (Stet
	BURTAL MAR	28 11966 FROSTBURG	MEM. PARK FROSTBURG	MD.
1	24 FUNDAL DIRECTOR'S SIGNATUR	ADDRESS	254. REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	HAFER FUNER	AL HOYE, 60 W. MAIN	ST. APR 1 1956 Police	wee Judge
				0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 93104 PLACE OF DEATH CERTIFICATE OF DEATH funeral and 2 death, USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Allegany a. STATE Maryland after b. COUNTY Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give-nearest town) hours Cumberland .E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

A legany County Infirmary d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 160 Footer ND A etely executed within the attending physician and nompletely permit. Then please temove carbon NAME OF Middle DATE DECEASED Adele Margaret Johnson March (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS NEVER MARRIED last birthday) Months I /I889 Davs Hours White DIVORCED (A) Female WIDOWED [Oyrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewile 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Pennsylvania 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME William Henry Gladhill Susan Rebecca Sock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANP . O . Box 599 Ad Comberland. Md. Ь (Yes, no, or unknown) | (If yes give war or dates of service) llegany County Infirmary Records. cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the has be as the prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT WAS AUTOPSY THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO [YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **EDICAL** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. While Not While at work at work 70 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3/12/69 and DIRECTOR: and thertdead adchire has Ma _M, from the causes and on the date stated above. 22a. SIGNATURE DIRECTOR A M.D. Da TO HOSPITAL TO FUNERAL PHYSICIAN'S 22c. 22d. NAME (Type) B. Mathews. M. D. Greene St.. Cumberland, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23d. LOCATION (City, town or county) (State) MARCH 16,1966 GREEN HILL CEMETERY WAYNESBORO. PA. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL HOME WAYNESBORO, PA. VR A15 (4) 20M 1/65

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4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
/	£ 70 £	_03105 CERTIFICATE OF DEATH	63690	
	funeral and 2 and 2	1. PLACE OF BEATH a. COUNTY ALLEGANY 2. USUAL RESIDENCE (Where deceased live a. STATE MARYLAND	red, If institution: Residence before admission)	
	rs after death by the funeral Pages 1 and 7 urs after death.	MARTLAND II TAN LAND	ALLEGANY	
	by the	write RURAL and give nearest town	mits, write RURAL and give nearest town)	
	in 's'	CUMBERLAND. 9 DAYS CUMBERLAND	21.1	
	24 hours filled in by apers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 622 SHRIVER AVE	B. IS RESIDENCE ON A FARM?	
		2 NAME OF	YES NO	
	sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours	DECEASED	Month Day Year MARCH 27 19 66	
	com ve (5. SEX 6. COLOR OR RACE 7 MARDIED TO METERS ASSESSED TO 1.8 DATE OF RIPTH 1.9 ACE //	Wears I IC HAIDED I VEAD INCHINDED 24 HDE	
	any and	M WHITE WIDOWED DIVORCED 3/4/02 64	rthday) Months Days Hours Min.	
(E se si	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign INDUSTRY)	n country) 12. CITIZEN OF WHAT	
•	ysic ysic plea plea ', an	Merchandising Mgr. Drug Store WASHINGTON, D.	C. COUNTRY? A.	
	certificate nding phys . Then ple removal, a	A MOTHER S MAIDEN NAME		
	ng in		Address	
	death certificate the attending physician to permit. Then please attion, or removal, and in	(Tes, no, or unkown) ((fyes give war or dates of service)	L, CUMBERLAND, MD.	
	the the ation	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN	
	at the death certification. In the attending place of the print. Then cremation, or removal	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARCLUSOME OF LUCYO	ONSET AND DEATH	
	requires that the ding physician. been signed by the burial trans in to burial, crement t	/63 X DUE TO	0	
	ires the physici n signe burial-t burial,	Conditions, if any, which (b)	aroquesa	
		cause (a), stating the DUE TO	Bug! 6	
	as as price	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 119: WAS AUTOPSY	
	t: The la cal or at ificate h for use Health	TA STATE OF THE PROPERTY OF TH	PERFORMED?	
	And the last the last	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PHYSICIAN: the hospital this certifi detached fo bept. of H			
	2.7.4.4.2	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, left) 20f. (City or of factory, street, office bidg., etc.) 20f. (City or of factory, street, offi	town) (County) (State)	
	d by 1 After d be c			
		21. I certify that (i) (this hospital) attended the deceased from 1 to 1, 1965 to 3, and that death occurred at 1, 1965 to 3, and the 1, 1965	27, 1966, that (I) (we) last	
	ATT reta ECTO 3 sh with	saw the deceased give on 3 1 1966, and that death occurred at 0 M/ from the	causes and on the date stated above.	
	TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	ATTENDING MED. STAF		
	Page 4 may Pruse 4	22c. PHYSICIAN'S 22d. ADDRESS		
	O HOSPITA Page 4 ma O FUNERAL director, p			
	2. 5.	R EMOVAL (Specify)	(City, town or county) (State)	
		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2	25b. REGISTRAR'S SIGNATURE	
	VR AI5 (4)	H. Wayne George Cumberland, Maryland DaMAR 30 1966	Milarles Judy	
	20M 1/65 +	(organico		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03106 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) p. COUNTY o. STATE 40 death. Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) 20 years Cumberland d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) H. STREET ADDRESS e IS RESIDENCE hours olong with form ON A FARM? Memorial Hospital 513 Henderson Ave. in Item 18 Give Poges NO SC This certificate should be executed within 24 hours after death 3 NAME OF Middle Lost DATE DECEASED John Keilev (Type or print) Leroy March DEATH S SEX 6 COLOR OR RACE NEVER MARR ED B. DATE OF BIRTH IF UNDER I YEAR 7 MARRIED 9 AGE (In years lost birthdoy) Male White WIDOWED DIVORCED Oct. 16. Office o 10o USUA, OCC. PAT ON (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT Marine Corp. Reserve Active Duty-U. S. Cumberland, Md. d "pending" in pencil in Chief Medical Examiner's 0.11 14. MOTHER'S MAIDEN NAME NYTTLE Lechliter 13. FATHER'S NAME James E. Keiley ond 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give war or dates of service)
yes U.S.M.Reserve ar removal. Mr. James E. Keiley, Cumberland .Md. 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY 5 HOUTS SHOCK. IRREVERS IBLE IMMEDIATE CAUSE (6) writing the word buriof, cremotion, DUE TO 5∮ Hours ABDOM INAL HEMORRHAGE Conditions if any, which gove rise to immediate couse (o), DUE TO storing the underlying couse 0 GUNSHOT OF ABDOMEN (SELF INFLICTED) 5 Hours PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES K NO 200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port or Port II of item 181) 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should |
Health or its designated agent, prior CAUSE OF DEATH 20c. T.ME OF INJURY Month, Doy, Year 20e. PLACE Of 'NJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg, etc.) at wark 21. I certify that I took charge of the remains described above, held on Autopsy X., Inspection X. Inquiry X, and in my apinian Suicide XX Hamicide death resulted from Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER. SIGNATURE TO DEPUTY March 2. 3 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. Cumberland, MD NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burlal (Specify) Sunset Memorial Park Cumherland 24. FUNERA. DIRECTOR Scarpelli; Cumberland, Md. VR A35ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) E b. COUNTY a. STATE ALLEGANY after ALLEGANY MARYLAND b. CITY DR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a write RURAL and give nearest town) hours 8 CUMBERLAND HOURS NIKEP .≡ e. IS RESIDENCE DN A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL gh-YES NO ... etely executed within poq. 3. NAME OF Month Year First Middle Last DATE Day DECEASED C. KIDDY Cal DEATH 19 66 compl (Type or print) WHILLAM MARCH ET-BED 5. SEX OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED X 7. MARRIED remove birthday) Months Oays Hours any 12-12-1911 and MALE WIDOWED F OJVORGED [7] 12. CITIZEN OF WHAT ng physician Then please r moval, and in 10a. USUAL OCCUPATION (Give kind of work done! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ,5 COUNTRY? during most of working life, even if retired) INDUSTRY S. LONACONING. MD. A. certificate Laborer 13. FATHER'S NAME 14. MDTHER'S MAIOEN NAME remova ROBERT KIDDY LOTTIE LEE Address 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. death (Yes, no, or unknwn) (If yes give war or dates of service) HOSPITAL -CUMBERLAND, MD. MEMORIAL 220-03-7059 the INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ Ula have attending physician. signed burial DUE TO Cenditions, If any, which (b) been gave rise to immediate the is **OUE TD** cause (a), stating the as th underlying cause last. (C) WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOTRELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. use PERFORMED? certificate YES T ND [5 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) detached for this MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) be de State Hour a.m. Not While at work While After d be c at work 19 to that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 9:15M. from the causes and on the date stated above. saw the deceased alive on: /22b. DATE SIGNED 22a, SIGNATURE MED. page ATTENDING DIRECTOR тау HOSPITAL ADORESS TO FUNERAL 22d. PHYSICIAN'S 22c. diractor, p NAME (Type) CUMBERLAND. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Cemetery Buria. aure Moscow 25b. REGISTRAR'S REC'D BY REGISTRAR I ADDRESS 24. FUNERAL DIRECTOR George Eichhotn Lonaconing, Md. VR A15 (4) 20M 1/65



A	1		MARYI DIVISION OF STATISTICAL RESEAF	LAND STATE DEF	PARTMENT OF HEALTH	LTHORP 4 MANY AND
1	(M)		19108	CERTIFICATI		Danga
	death and and death	1.	PLAGE OF DEATH	OLKIII IOATI		ired, If institution: Residence before admission
	24 hours after death filled in by the funera apers. Pages 1 and n 72 hours after death		ALLEGANY	MARYLAND	°- SMARYLAND	ALLEGANY
	s after by the 1 Pages 1 Irs after	-		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	Ilmits, write RURAL and give nearest town)
	in by Fage hours		b. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) CUMBERLAND	103 DAYS	CUMBERLAND	/ /
	24 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		_	MEMORIAL HOSPITAL		RT.#4, OLDTOW	1152 110
	executed within ran completely remove carbon part any event, within	J,	NAME DF First DECEASED (Type or print) ANNA	FRANCES	KIPE DEATH	MARCH 7 1966
	ecuted in con	5.		NEVER MARRIED 8	DATE OF BIRTH 9 ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	execu in any	104	FEMALE WHITE WIDOWED		MAY 24. 1928 37	yrs.
	2 2 2	dui	ING PROCE OF WORKING LIES AMAN 16 PROFITAGE INDIC	oof Business or USTRY Lance Store	CUMBERLAD. MD.	COUNTRY?
	physi physi n ple val, a		FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	U.S.A.
	ing Ther mov		ALBERT THEODORE RICE		ROSE MARY MAFF	LEY
	requires that the death certificate ding physician. Men signed by the attending physican signed by the attending physical transit permit. Then ple or to burial, cremation, or removal, a	15 (Ye	s, no, or unkown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address
	e deal the al t pern ation,	L	no		MEMORIAL HOSPI	
	the h. by the insit emal		18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).]	and Call Cx	INTERVAL BETWEEN ONSET AND DEATH
	es that Ihysician signed urial-tra urial, cr		17/ X DUE TO	- Jacob an		10/
	aw requires that t tending physician. ∥as b⊪en signed b as th∉ burial-tran prior to burial, cre		Conditions, If any, which \ (b)	raespre	ad metat	ase 18 mo
	law require attending partending partending partending partension ballen are as the burn prior to burn prior to burn and partension		gave rise to immediate Cause (a), stating the DUE TO	J		
	as as price	N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 119. WAS AUTOPSY
	N: The latal or at tal or at tificate for use for use file latalth a	CERTIFICATION	<u> </u>	O THE REEL	TED TO THE TERMINAL DIOENGE CONTOUTION	PERFORMED? YES NO
	HYSICIAN: The hospital or a this certific≡te ettached for use teached for use Dept. of Health	RTIE	20a. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or	
	the hospital the hospital this certific detached to be Dept. of H		(IF EITHER, NUTIFY MEDICAL EXAMINER)			
	ING PHYSICIAN. I by the hospital After this certif be detached fi State Dept. of b	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. While	URY OCCURRED 20e. PLAC factor	E OF INJURY (Home, farm, 20f. (City of y, street, office bidg., etc.)	town) (County) (State)
	DING P dd by t After d be d	ME	p.m. 19 at work	at work	W 21 -46 - MAD	eu 7 .44
	ATTENDING retained by CTOR: Afte should be vith the Stai		21. I certify that (I) (this hospital) attended saw the deceased alive on MARCH 7	the deceased from N.Q.	death occurred at Mr, from the	CH_7, 166, that (I) (we) last causes and on the date stated above
	~ ~ = m >		22a. SIGNATURE	and that		22b. DATE SIGNED
	y be		Mustum	M.D.	PHYS. DIRECTOR PH	AFF YS.
	TO HOSPITAL OF Page 4 may be Page 4 may be I FINERAL BIR director, page should be filed		PHYSICIAN'S NAME (Type) DR. A.J. MIR	KIN	115 S. CENTRE	ST. CUMB. MD.
	Page Page direct should	232	Burial (Specify) March 10,1966	23c. NAME OF CEMETERY Davis Memor:		(City, town or county) (State)
	0	24	FUNERAL DIRECTOR	ADDRESS	9	25b. REGISTRAR'S SIGNATURE
	VR AIS (4)		James F. Scarpelli, Cum	berland, Md.	MAR 14 1956	gelianles Judge
	20M 1/65	-				0 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **HEALTH DEPT** 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY b. COUNTY 2, and 3 to PM3. Page Allegany Maryland Allegany deoth. MARYLAND Department b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate I m ts. write RURA, and give nearest town) offer 26 Cumberland Cumberland vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours 4. Oldtown Road Oldtown Road RFD YES 1 NO TE ate after deoth. 3. NAME OF Middle Lost 4. DATE Month Dov Year within 72 DECEASED the Wesley James Kipe, Sr. 20 19 66 March (Type or print) DEATH IF JNDER 1 YEAR | FUNDER 24 HRS. 9 AGE (n years 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH birthday) Months Haurs January 14.1891-White WIDOWED DIVORCED Male event 100 USUA, OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT during most of working te, even if retired)
Retired Engineer USA USA Railroad Knoxville, Ma. dny pages e, writing the word "pending" in penal if farworded to the Chief Medical Exominer 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate shauld be executed within 5 Etta Campbell Harry Kipe puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) or removol, Raymond Kipe. Cumberland. Md.-Son INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY HYDROTHORAX, PULMONARY EDEMA IMMEDIATE CAUSE (o) burtol, cremotion, DUE TO BRONCHOGENIC CARCINOMA MONTHS Conditions, if pay, which gove rise to immediate couse (a). DUF TO stating the underlying couse 0 lost 19 WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES A NO the certificate, should be 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d IN. JRY OCCURRED factory, street, office bldg., etc.) Not While at work of work please execute Hearth or its designated 21 | certify that I taak charge of the remains described above, held an Autapsy [4]. Inspection X Inquiry XI, and in my apinion ģ Suicide . Undetermined manner death resulted from: Natural causes (A) Accident . Hamicide the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ___ March 20, 1966 O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Cumberland, Md. Dr. Benedict Skitarelic, M.D. Address (Street, city, fown or county) NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREO! (Stote) 0 BREMOYAL (Specify) St. Mary's Cemetery Cumberland Ma 2Sg REC'D BY REGISTRAR 24 FUNERAL DIRECTOR James F. Scarpelli. Cumberland. Md. VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03095 03110 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deorh PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY. b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBLELLANDO negrest town) 14 HRS CUMBERLAND filled in I d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 800 COLUMBIA AVE YES NO X completely fi 3 NAME OF First Middle 4. DATE Year Enst Doy DECEASED HATTIE KIRK 19 (Type or print) DEATH JE UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X B. DATE OF BIRTH AGE (In yeo NEVER MARRIED lost birthdoy Months Doys Hours FEMALE नगर सल 5/19/92 WIDOWED DIVORCED 100 LSLAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 1) BIRTHP_ACE (County & State, or foreign country) the ottending physician a nsit permit. Then please motion, ar removal, one during most of working life, even if retired) INDUSTRY COUNTRY? Cuniberta Ad MARYLAND Housewike Own home 13. FATHER'S NAME 14 MU HER'S MAIDEN AME Rose Hall Joseph Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Maurice Kirk Address 800 Columbia Ave (Yes, no, or unknown) (If yes give wor or dotes of service Cumb. Ad. None No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit burial, cremoting ONSET AND DEATH Left ventricular failure IMMEDIATE CAUSE (o) 1201 DUE TO days Coronary ecclusion Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO storing the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES T NO D 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 3 = 23 19.66, and the _____, 1966___, ta_____3: == 21____, 1966__, that (I) (we) last $3 \rightarrow 23$ Poge 4 may be retained director, page 3 should should be filed with the 19 66, and that death accurred ather. M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 31-24m66 M.D. DIRECTOR PHYS ADDRESS Greene 22c PHYSICIAN'S DR. R. BALLIN . Cumberland, Md 21502 NAME (Type) 23r NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) St. Patrick's Cemeteru Cumberland, Md. 3/26/66 bureal 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FIINFRAL DIRECTOR VR A15 (4) Ocharles Cumberland. Md. 20 M 1/66 H. Wayne George

£ 30

_	M) (3111		YLAND STATE DE ARCH AND RECORDS CERTIFICAT	S, 301 W. PRES	TON STREET, I	BALTIMORE 1	I, MARYL	AND 096
24 hours offer death	funeral 1 and 2	1.	PLACE OF DEATH 6. COUNTY ALLEGANY		Manya sala	2. USUAL RESID	DENGE (Where deceases	b. COUNTY	n: Residence	before admission
40	in by the	_	 b. CITY DR TDWN (if outside write RURAL and give nea 	arest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corpora	te limits, write Ri		e nearest town
	ed in pers.		d. NAME OF HOSPITAL OR IN	STITUTION (If not in h	5 DAYS ospital, give street address)	d. STREET ADDR			0	. IS RESIDENC ON A FARM?
		3,	MEMORIAL I	HOSPITAL_	Middie	615	PATTERSO 1 4. DATE	N AVE.	Day	Year Year
1	completely ye carbon event, with		DECEASED (Type or print)	WILLIAM	G.	KOL B	DE DEATH	MARCH	9	1966
100	and con		SEX 6. CDLDR 0	7. Market ED	NEVER MARRIED	8. DATE OF BIRTH AUG. 2	9. AG	E (in years IF UN Balrinday) Mon1		Hours Min
8	an and e remo	10a	YALE WHITE USUAL OCCUPATION (GIVE kind	d of work done 10b. K	DIVORCED	11. BIRTHPLACE	(County & State, or fo	2,00	2. CITIZEN	OF WHAT
4	physician n please ral, and in	<u>. </u>	ng most of working life, even	Operator.	Tool Co	CUMBER		. U	SOUNTRY	
60	ding ph Then removal	13.	GEORGE KOLB			14. MOTHER'S N				
	attending premit. Then n, or remov		WAS DECEASED EVER IN U.S. A , no, or unknown) (If yes give wa		SDCIAL SECURITY NO. 17.	INFORMANT		Address		
4000	the at t permiation,		18. CAUSE OF DEATH [Enter	r only one cause part	ine for (at (b) and (c))	MEMOR	PLAL HOSP	LTAL	INTE	RVAL BETWEEN
4 6	ian tile ueatilisian. Id by the atternitransit permi		PART I. DEATH WAS CA	USED BY:	Didre	lux et	Cer 21		ONS	ET, AND DEATH
40	physician. In signed by the burial transit of burial transit.		5268	DUE TO	150	- but				1 Wed
1	ding phone of the but the but to but		Conditions, if any, which gave rise to immediate (cause (a), stating the	(b)	12 15	1/2	· 4. /.	4 /		terely - a
	tendi tendi nas b as th prior	N	underly ng cause last. PART II. DTHER SIGNIFICANT	(C)	CL 1254C	ATER TO THE TERMIN	IAL DISEASE CONDITI	OLA VA	1(a) [19.	WAS AUTOPSY
	or at or at ate the use alth	CATIC	PARTITI DINER SIGNIFICANTI	CONDITIONS CONTRIBU	JIMG JO DEATH BUT NOT KEE	MIED TO THE TERMIN	INT DISENSE CONDITI	ON GIVEN IN FART	YE YE	PERFORMED?
20167	the Nospital or attending physician. This certificate as been signed by the attending physician and completely detached for use as the burial-transit permit. Then please range carbon per Dept. of Health prior to burial, cremation, or removal, and it any event, within	CERTIFICATION	20a. ACCIDENT WAS UNDERLIDED CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	DF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter natur	re of injury in Pert i	or Part II of Iten	n 18.)	
2710	e et the	MEDICAL	20c. TIME OF INJURY Mon Hour a.m. p.m.	th, Day, Year 20d. While 19 at wor	Not While fact	ACE OF INJURY (Homory, street, officebld	e, farm, 20f. (City g., etc.)	or town)	(County)	(State)
	intar un attending A may be retained by ERAL DIRECTOR: After Or, page 3 should be I be filed with the Stat		21. I certify that (I) (t		ed the deceased from	1450	110:15top.	M 5 / 7, 1		at (I) (we) la
	retai retai 3 sho with		saw the deceased alive	9 DN	9 19 00, and tha	t death occurred		the causes and	DATE SIG	NED
	ay be ay be filed filed		DINOLOGANO	MECAE	cdr. M.			STAFF PHYS.	3/10	166
	NERAL Stor, p		22c. PHYSICIAN'S NAME (Type) DR.	S.G. WEI	SMAN	22d. ADDRES	9 GREENE	ST. CUI	MBERL	AND, MD
	PO NUSTRIAL UK ALTERNU PORT & TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	238	BURIAL, CREMATION, 236.	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCAT	ION (City, town o	r county)	(State)
	0	24	FUNERAL DIRECTOR	11/00	ADDRESS	25a.	REC'D BY REGISTRA	R 25b. REGIST	RAR'S SIGN	ATURE
	VR AI5 (4)		Janes Stein	unc. (unt My	DATE			Atr	edgo -



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Allegany Marvland Allegany sician and completely filled in by the 1 lease remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b Cumberland 2 vears Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 Fayette Street Fayette Street NO DE VES executed within 3. NAME OF DECEASED Middle Last Day Month Year (Type or print) DEATH 13 March 19 66 John B a Manca 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED K. NEVER MARRIED Jast birthday) Months I Male Sept. White WIDOWED IT DIVORCED! 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired)
Consultant & Linguist requires that the death certificate be COUNTRY? INDUSTRY Government-Private Rotondella. Italy USA ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending parmit. Then Paul F. La Manca Carmela Marie Mazzei 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) no Mrs. Irene La Manca, Cumberland, Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ca of larynx or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating as th underlying cause last, (c) has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES [NO P the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of 1 OR CONTRIBUTING | CAUSE OF DEATH l be detached State Dept. o (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TO HOSFILMS
Page 4 may be retained.
TO FUNERAL DIRECTOR: After the director, page 3 should be dedirector, page 3 should be dedirector, page 3 should be dedirector. factory, street, officebldg., etc.) Hour a.m. While Not While at work at work 13 1966 that (I) (we) last 65to 6. -21. I certify that (I) (this hospital) attended the deceased from 19 19 66, and that death occurred at 2p M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 3-15-1966 M.D. DIRECTOR PHYSICIAN'S 22d. **ADDRESS** Cumberland, Md. 21502 Ralph W. Ballin. M.D. 62 Greene St. NAME (Type) BURIAL, CREMATION, 23b. DATE THERED 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Sunset Memorial Cumberland, Md. March 16.1966 Burial Park REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 25a. Scarpelli, Cumberland, Md. .Tames VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY 후 7 and 2 death, Allegany MARYLAND Pennsylvania Somerset
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) .5 7 hours after Pages executed within Cumberland filled Since Somerset d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely papers. n 72 ho Kinch Nursing Home YES NO 3. NAME OF Middle First Lasi 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH Ida 1966 Idella Landis March 5. SEX 6. COLOR OR RACE death certificate be B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED I lest birthday) Months Devs Min. Hours Female White WIDOWED DIVORCED Nov 15 physician eve remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife Somerset Co. Pennsylvania please ILS.A 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and William Foust Rebecca Brant Then requires that the removal 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) physician. No permit, Emmons Landis, Hazen Rd. Route 2. signed by tB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit attending DUE TO been Conditions, if eny, which geve risa to immediate causa burial **DUE TO** (e), stating the underlying the the hospital or cause lest. certificate 5 B PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). CERTIFICATION 19. WAS AUTOPSY PERFORMED? prior detached for use NO [20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) After this Health OR CONTRIBUTING CAUSE OF DEATH be retained by MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) Month, Day, Year 20d. INJURY OCCURRED (County) (State) ď fectory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: Dept. at work at work P.m. 19 å 1966 21. I certify that (I) (this hospital) attended the deceased from. ., 19.6.4 that (I) (we) last U State gand that death occurred at 15 M, from the causes and on the date stated above. should 10 saw the deceased alive on. TO FUNERAL DI director, page 3 st be filed with the S 22a SIGNATURE DATE MED HOSPITAL PUNERAL PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOVAL (Specify) Near Garrett. Penna. Buria] Ridge Cemetery 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Balto Ava. 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) ALLEGANM a. STAMARYLAND after MARYLAND Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours HRS.35 CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 600 LOUISIANA MEMORIAL HOSPITAL within AVE. YES NO I etely carbon NAME OF First Middle DATE Month Day Last DECEASED DF event. MARGARET (Type or print) A. LANHAM DEATH MARCH MARCH 12 19 66
AGE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS. executed 6. COLOR OR RACE 5. SEX DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED es birthday) Months | Days FEMALE Hours MARCH DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY U.S.A. WEST VIRGINIA Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM HAHN PARSONS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT the attendit Address MEMORIAL HOSPITAL no 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by urrial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. 0 card (21 been signe the burial-or to burial, DUE TO Cenditions, If any, which gave rise to immediate **DUE TO** cause (a), stating Arterioseleros's underlying cause last. has as CERTIBICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS AUTOPSY PERFORMED? certificate 40 card NO 7 "ปี YES ö 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. DIRECTOR: After age 3 should be do diled with the State While Not While ATTENDING p.m. at work at work 21. I certify that (I) (this hospital)_attended the deceased from 19 6.6. that (I) (we) last saw the deceased alive on. M. from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE 8 e page M.D. DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) SAMUE PERSHING ST. 23b, DATE THEREOF 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Soecify) Marc. 16.1966 Standing Rock Cemetery Kent, Ohio Burila REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and deat USUAL RESIDENCE (Where deceased fixed, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cumberland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours 15 years Cumberland ove carbon papers. filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 419 Springdale Street 419 Springdale Street NO 3d YES letely rbon p certificate be executed within 3. NAME OF DECEASED First Middle DATE Thomas Wesley Lease DEATH March 10 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Male White July 28, 1894 WIDOWED DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

Retired Conductor Railroad 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Railroad Rawlings, Md. USA 9 6 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Jacob Lease Margaret Huff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address has been signed by the atten as the burial-transit permit. prior to burial, cremation, or death (Yes, no, or unknwn) (If yes give war or dates of service) Mrs. Barbara Lease, Cumberland, Md. Wife War 217-10-9382 yes 18. CAUSE DF DEATH [Enter only one cause per lipe for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) or attending physiclan. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hithed for use of Health p PERFORMED? NO [YES 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifi be detached fo State Dept. of H DESCRIBE HOW INJURY OCCURRED. (Enter nature of Inlury In Part I or Part II of Item 18.) MEDICAL (State) 2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be of hould be filed with the State at work at work 1966 to Mar. 10, 1966 that (1) (we) last be retained 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on That 19.66, and that death occurred at ____M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR March 11,1966 Page 4 may t PHYSICIAN'S 22c. TO FUNERAL director, p should be NAME (Type) 236 Virginia Ave., Cumberland, Md Dr. Clay E. Durrett, M.D. 23a. BURIAL, CREMATION, 23b. 23d. LOCATION (City, town or county) (State) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Cumberland, Md. Park 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15 (4) 15M 4-64



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE				
	£ 70	4	03116 CERTIFICATE OF DEATH	0.9103	
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	14 hours a led in by pers. Page 72 hours		CUMBERLAND, 26 DAYS CRESAPTOWN	01-1	
	24 ho filled i papers. in 72 h	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
	· · · · · · · · · · · · · · · · · · ·	_	MEMORIAL HOSPITAL	YES NO	
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	complet with the complet of the carb	\ -	(Type or print) BLANCHE E. LEE DEATH MADCH (1966 ER 1 YEAR UF UNDER 24 HRS.	
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	ath certifica attending ph emit. Then n, or remova		HENRY JOHNSON ANN DILLMAN		
	endi it.	끊	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, no, or unknown) [(Ifyes give war or dates of service)] Address	DI AND MO	
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	ulres that the death or g physician. sn signed by the atteno i burial-transit permit. s burial, cremation, or n		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND OBATH	
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	N: The law Ital or attendificate has for use as f Health prior	, CAT		YES NO X	
		CERTIF.CATION	20a. ACCIDENT WAS UNDERLYING (1) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)	
	PHYSIC: the hos this ce detache	CAL	factory street officehide etc.)	County) (State)	
	tat tat	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work		
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Sta			166, that (1) (we) last	
	etail Short		saw the deceased alive on 18 11 4. 1966, and that death occurred at 4 4. from the causes and o	n the date stated above. OATE SIGNEO	
	DE LEEU W		ATTENDING MED. STAFF	ONIT SIGNED	
			226 PHYSICIAN'S	CHMREDI AND	
	HOSPITAL age 4 may FUNERAL rector, pa		NAME (TYPR. DONALD B. GROVE 220122 SOUTH CENTRE ST.	CUMBEBLAND,	
		23	a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or		
	5 5 2 V		Burial Specify 3/4/66 3/7/44 George Cem. Swanton	Md.	
	P	2	(2) 1/21 2 1000 00%	No O	
	VR A15 (4) 20M 1/65	_	Westernport, Md. DAMAR IU 1956 guan	- And	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany Allegany Maryland MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cumber Land c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) dapers. hours hours Flintstone Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Allegany County Infirmary Route #2 NO K within letely thon p NAME OF Middle Last DATE Year Month Oay DECEASED Lowis Loring Littlefield (Type or print) DEATH March 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years I IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIEO NEVER MARRIED removing anyle Last birthday) Months Oavs Hours Male White 26/1889 during most of working life, even if retired)

Retired: Farmer physician in please r IOD. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland Farming 13. FATHER'S NAME MOTHER'S MAIDEN NAME Textile Worker-Celanese Borp. геточа he attending permit. Then Jame s Tittlefield Hannah Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. BOX 599. Address Cumberland, Md 5 (Yes, no. or unkown) (If yes give war or dates of service) that the death Allegany County Infirmary records cremation, No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH á **OEATH WAS CAUSED BY:** al-trans IMMEDIATE CAUSE (a signed 2 buri buri Conditions, If any, which the bu gave rise to immediate OUE TO(M cause (a), stating the as th underlying cause last. BICATION WAS AUTOPSY for use Health PERFORMED? certificate YES [NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CERTI r this cert detached o, WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work 70 to 3/10/66, 19. 21. I certify that (I) (this hospital) attended the deceased from . that (I) (we) last DIRECTOR: ATTENDING PHYS. deceased alive on 22b. DATE SIGNED ო ≩ OIRECTOR X March 10.1966 PHYS. M.O. Ba HOSPITAL FUNERAL 22d. ADDR ESS director, p Mathews, M. Tae NAME (Type) St. Cumberland Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 9 REMOVAL (Specify) Maryland Cumberland. Hillcrest Burial Park Burisl March FUNERAL OIRECTOR AODR ESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Baltimore Ave., CumberlandonteMA Ma

0 2.0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03118 03103 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ompletely filled in by the funeral o. COUNTY e. STATE b. COUNTY Allegany MARYLAND Maryland Allegany. b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) 17 days Cumberland RixNakinnaixNiww La Vala d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Sacred Heart Hospital 21 National Highway YES NO . NAME OF 4 DATE First Lost Month Doy Year DECEASED Type or print Margaret Rebecca Martz DEATH 19 66 1F UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years 7. MARRIED NEVER MARRIED lost birthdov) Months Doys WIDOWED /20/96 White DIVORCED Female. 69 10o. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT by the ottending physic or stransit permit. Then please cremation, or removal, and in during most of working life, even if retired) INDUSTRY **COUNTRY?** Housewife W.Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Issac Stonebreaker Hattie Katherine Runion IS WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Chester Rotruck, 2750 Keys St KeyserWVa 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Chart 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE for his ite DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to lost. PART II. OTHERSSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VO WAS ALTOPS' PERFORMED? Alther & by the hospital or TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20h, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. Not While foctory, street, office bidg , etc.) of work ot work 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 1966 and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE -22b DATE SIGNED M.D. DIRECTOR 22d. ADDRÉSS 22c. PHYSICIAN'S NAME (Type) Dr. Weisman 23d. LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 1966 Sts Peter & Paul Cemetery Cumberland Allegany Md 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR OUC VR A15 (4) 230 Balto Ave.. Cumberland, Md DAFF

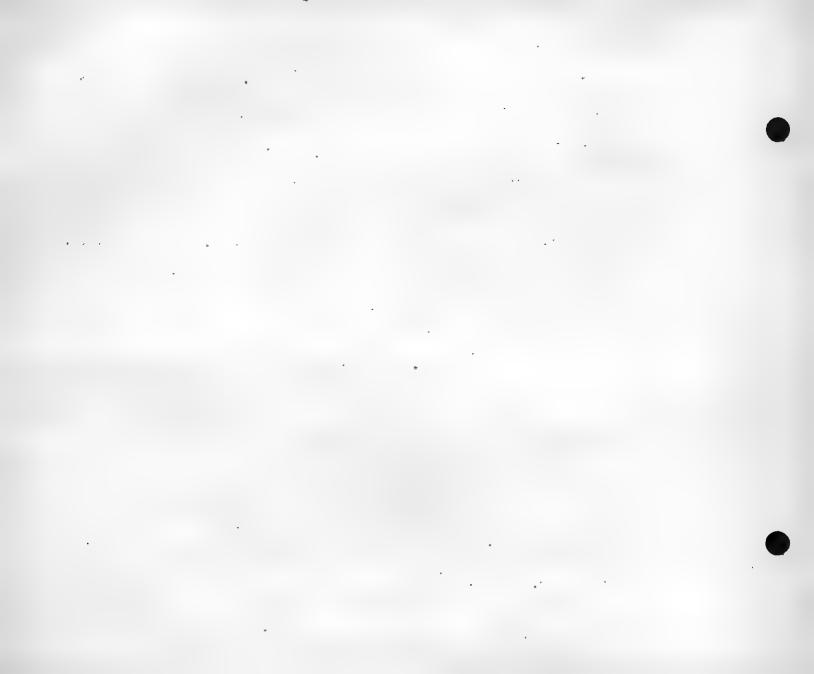


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY Pages 1 irs after after ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r filled in by papers. Page hin 72 hours a write RURAL and give nearest town) hours CUMBERL AND 13 DAYS **CUMBERLAND** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 n and completely fille remove carbon pape in any event, within 7. MEMORIAL HOSPITAL RACE ST. NO R within YES NAME OF FORRES Middle DATE Last E Month Year DECEASED В W. MC E MARCH 0F 66 6 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS WHITE last birthday) Months MALE Davs Hours WIDOWED [98 DIVORCED 8 67 ermit. Then please report of removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) VIRGINIA A OGNINISAS oreman 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE MC BEE NANCY HUTZLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? been signed by the attenthe burial-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY DIRECTOR: After this certificate Page 3 should be detached for use iled with the State Dept. of Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) (County) factory, street, office bldg., etc. Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE/SIGNED FUNERAL DIRI STAFF PHYS. M.D. DIRECTOR PHYSIC AN'S director, p 22d. ADDRESS CENTRE CUMBERI 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 REMOVAL (Specify); UNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b VR A15 (4) 20M 1/65

Item



11	1	MARYLAND STATE DEPARTMENT OF HEALTH BE DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
7		03120 CERTIFICATE OF DEATH U3105	}				
	death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before adm a. STATE b. COUNTY	ission)				
	e se	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	town)				
	hour 1 In S. F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESID ON A FAI	DENCE				
-	2 E & 2	Sacred Heart Hospital Rt. # 1 YES N	RM?				
	1 within pletely carbon ent, with	3. NAME DF First Middle Last 4. DATE Month Day Year					
	A PERSON	(Type or print) Carl E Mc Clintack DEATH 3 5 1960	6				
	executed wi	last birthday) Months Days Hours	Min.				
	exe and	The Widowed Divorced 1/01, 100 66 yrs. 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	sician and in						
	ath certificate be e attending physician irmit. Then please n, or removal, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
	ertiff Ling The emo	Hampton McClintock Anna Mae Bodden					
	thence of r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, No., or unknown) (If yes give war or dates of service)					
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	the t. by tl nsit ema	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EATH				
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	phys sign	[Conditions, If any, which] (b) Rulmanany Enghysena Jevere					
	IN: The law requirital or attending titlate has been for use as the by Health prior to he	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)					
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	SICIAN hospita certil	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORM YES N 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPERFORM YES N 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)					
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page in the State Dept. of Health prior to burial, cramation, or removal, and in any event, with	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.) While at work at work at work at work at work at work at work At work at	ate)				
	NDIN ned 1 3: Aff	21. I certify that (I) (this hospital) attended the deceased from 3-3, 1966, to 3-5, 1966, that (I) (we) last				
	ATTE e retai ECTOF 3 sho with t	saw the deceased alive on 3-4 1966, and that death occurred at 4 M, from the causes and on the date stated a	above.				
9	DR J	Calina y . Habba M.D. ATTENDING MED. STAFF 1 3-5-66					
	Page 4 may be to Funeral DIRECTOR director, page 3 should be filed by	22c. PHYSICIAN'S NAME (Type) Dr. Hadidian					
	HOS Page FUN FUN irect hould	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMETERY 23d. LOCATION (City, town or county) (Statement)	te)				
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) 8 mar 66 J.O.O.7. 24. FUNEBAL DIRECTOR ADDRESS ADDRESS	٤.				
	VR AI5 (4)	Halter a. Johnson Berlin, Pa, MAR 9 1966 Minter Judge					
	20M 1/65						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral affer I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) executed within 24 hours a. COUNTY b. COUNTY the d 2 Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest fown) Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Lonaconing d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Hospital Jackson Street papers. n 72 hor Miners completely YES NOSE 3. NAME OF 4. DATE Middle Month DECEASED within McDonough DEATH (Type or print) 66 Margaret March 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Female WIDOWED I DIVORCED [Le. EMPTOVE .. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratirad) Lonaconing, Maryland none please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Esther Cavanaugh removal, 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of sarvica Roy McDonough Lonaconing. Md. physician. ۾ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). "Son INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation. the burial-transit burial, cremation, affending DUE TO has been gava risa lo immadiala cause **DUE TO** (a), stating the underlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY % p CERTIFICATION PERFORMED? US8 prior NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ilam 18.) of Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) defached After Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or fown) (County) (State) factory, streat, office bldg , atc) Hour am. Not While DIRECTOR at work at work 2 1958 to March 18, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... should19.60, and that death occurred at S.A.M. from the causes and on the date stated above. saw the deceased alive on... death. Page 4 m
TO FUNERAL Di
director, page 22a SIGNATURE DATE SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) ONACONING 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) St. Marys Cemetery Md. Lonaconing 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** George Eichhorn Lonaconing. VR A15 (4). Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA OF DEATH funeral and 2 r death hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY physician and completely filled in by the fi Laplease remove carbon papers. Pages 1 fdt, and in any event, within 72 hours after o Allegany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Allegany Marvland MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg Frostburg week d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bowerv Street Miners Hospital NO X YES executed within NAME DE 3. Middle DATE Month Day Last Year DECEASED Harvey Miller 25 66 (Type or print) DEATH March 19 AGE (In years last birthday)

Months Days Hours Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7 9. 8. 7. MARRIED X NEVER MARRIED Male White WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Building Contractor 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR (County & State, or foreign country) The law requires that the death certificate be Self Employed Garrett County U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME has been signed by the attending the as the burial-transit permit. The prior to burial, cremation, or remayal Stephen C. Ellen _ (LAST_NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 218-31-9101 Addrefrostburg, 16. SDCIAL SECURITY NO. | 17. INFORMANT Mrs. Harvey Miller 148 Bowery Street. 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last TO FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIMICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO S 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. While Not While OR ATTENDING P at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966. that (I) (we) last 66 to .1966, and that death occurred at 444. M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Page 4 may 22c. PHYSICIAN'S ADDRESS NAME (Type) ieh] Frostburg Md. 23a. BURIAL CREMATION, 23b. REMOVAL (Specify) Ma DATE THEREOF LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY Fronthure .966 Frostburg Park From. Mem 24 FUNERAL DIRECTOR FROSTBURG. A VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1131118 CERTIFICATE OF DEATH 0 requires that the death certificate be executed within 24 haurs after death. bad completely filled in by the funeral remave carban papers. Pages I and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Allegany Allegany MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Barton 52. Yrs Barton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Railroad St. Railroad St. YES NO 🖃 3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED 9 1966 Raymond Montgomery Mar. (Type or print) DEATH IF UNDER 24 HRS. S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours Male White July 1, 1913 ar remaval, and in any WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Steel Mill please during most of working life, even if retired) COUNTRY? attending physician permit. Then please Allegany- Maryland U.S.A 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME George Montgomery Margaret Susan Beeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dofes of service) Robert L. Montgomery-Barton, Md. crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO burial, UNKNOW Conditions, if ony, which gove rise to immediate couse (a). DUE TO prior to ! stoting the underlying couse has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION use detached far use te Dept. af Health YES T NO 10 FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of stem 18.) 20o. ACCIDENT WAS UNDERLYING . CERT OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1130. 1966, to Mar. 9 , 19(de, that (I) (we) last should 19 66, and that death accurred at 0 P. M. fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. director, page 3 should be filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Paul R. Wilson Pledmont, W. Va. NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) Moscow Mills BEMOYAL (Specify) Md. 3/11/66 Laurel Hill ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR Westernport, Md. 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH -DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03124 CERTIFICATE OF DEATH and 2 death after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) a. COUNTY etely filled in by the further to be possible to be pages 1 a within 72 hours after d Maryland Allegany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours Cumberland | 1.1./21/05 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give strest address) Cumberland ON A FARM? d. STREET ADDRESS RFD#1. Franklin, Maryland Allegany County n and completely f remove carbon p in any event, within within NAME OF First Middle Last DATE Month Day Year DECEASED 1966 19 (Type or print) Regina C 6. COLOR OR RACE | 7. MARRIED Cordota DEATH March Moran executed SEX 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. NEVER MARRIED White /26/1894 Female WIDOWED [DIVORCED nding physician a Then please re removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Ξ 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ! certificate be COUNTRY? 13. Ratired Bookkeeper Grocery Maryland U.S.A. Allegany
14. MOTHER'S MAIDEN NAME Daniel Moran Bridget Gilmore 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 17. INFORMANTP.O. Box 599 Gumberland, Md. transit permit. 16. SOCIAL SECURITY NO. death (County Infirmary Allegany been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: ttending physician. IMMEDIATE CAUSE (a Cenditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. has 38 CERTIFICATION WAS AUTOPSY for use certificate PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. White After Id be d Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 1.1 766 19 _ that (i) (we) iast DIRECTOR: age 3 should led with the and that death occurred M. from the causes and on the date stated above. saw the deceased alive on. 22a, SIGNATUI 22b. DATE SIGNED page M.D. DIRECTOR FUNERAL 22c. PHYSICIAN **ADDRESS** director, p should be NAME (Type) Greene St. Cumberland, Md. Mathews. Page 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. (State) BREMOVAL (Specify) 2 St. Peters Westernport Md. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Westernport, VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) o COUNTY o. STATE b. COUNTY delay is ond 3 to M3. Page Allegany Maryland death. Allegany MARYLAND Department b. CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 1b 2, Oh. c CITY OR TOWN (If outside carporate limits, write RURAL and a ve nearest town) write RURAL and g've nearest tawn) after 58 years Cumberland Cumberland e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS sunoq 408 York Place D.O.A. Memorial Hospital in Item 18 Give Pages YES NO hours after deoth 3. NAME OF Middle Last 4 DATE Month Dov Year DECEASED March 22 66 Robert Nee A . 19 (Type or print) DEATH along S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH E gost birthday) Davs Hours Dec. 12.1907 White DIVORCED Malle WIDOWED Office event 10o JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) HALL road COMPATEN S Cumberland . Md. rd 'pending' in pencil in Chief Medicol Exominer's Laborer pages in any pencil 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Matilda O'Donnell John Nee puo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Address or remayal. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Sarah Nee, Cumberland, Md. 705-09-9949 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY-CHIEFLAND, DEATH CORONARY OCCLUSION .MMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, flony, which gove rise to immediate couse (a). forwarded to DUE TO stoting the underlying couse 0 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPS PERFORMED? CERTIFICATION YES A. NO T the certificate, 0 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b, DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part or Part II of item 18) its designated agent, prior CAUSE OF DEATH. 20e PLACE OF NJURY (Home, form, 20f (City or fown) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) Hour am. foctory, street, office bidg., etc.) NotWh e -FUNERAL DIRECTOR: Poge of work 21. I certify that I took charge of the remains described above, held on Autopsy 🔯 , Inspection 🔯 Inquiry X. and in my opinion Suicide . Undetermined manner the funeral director. death resulted fram-Accident . Homicide Natural causes (7) CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER March 22, 1966 TO DEPUTY Heoith or **EXAMINER'S** Address (Street, city, town, or county) Cumberland, M.D. Benedict Skitarelic, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF (County) 50 Burlal (Specify) 1966 Davis Memorial Cem. Cumberland . Md . 24 FUNERAL DIRECTOR Charles James F. Scarpelli, Cumberland, Md. VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYEN CERTIFICATE OF DEATH funeral and 2 death. after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Allegany Maryland b. CDUNTY Allegany after in by the s. Pages 1 hours after MARYLAND b. CITY DR TDWN (if outside corporate limits, write BURAL and give rearest town)
Cumberland C. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) hours Cumberland d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE papers in 72 ON A FARM? within Allegany County Infirmary 213 Fulton Street ND X executed within 3. NAME DE First Middle DATE Month Day Year DECEASED Neff Ellen Mary March 66 (Type or print) 19 6. CDLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED [DATE OF BIRTH NEVER MARRIED [and White ′1866 Female WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician certificate be Pennsylvania Housewife S. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph removal Merrick A. Stoner Mary Anna Linn 17. INFORMANT P.O.BOX 599, Addres Cumberland. Md. 6 212-18-1046 Allegany County Infirmary records. NO cremation. the t pe 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN DISET AND DEATH transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed I burial-DUE TD Conditions, If any, which been gave rise to immediate 計 DUE TD cause (a), stating the has be as th prior t underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health ficate PERFORMED? YES ND T ü this certifi detached for te Dept. of F 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work ___ at work 70 66 19 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last OIRECTOR: age 3 should lied with the saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page STAFF PHYS. DIRECTOR A M.D. PHYS HOSPITAL FUNERAL ADDRESS 22c. NAME (Type) Cumberland, Md. Greens St., Mathews. 23a. BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 REMOVAL (Specify) ROSE .1966 HIII. CEMETERY BURTAL UMBERLAND FUNERAL DIRECTOR ADDRESS KIGHT CUMBERLAND, MD. VR ALS (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03112 03127 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral s 1 and 2 ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY lease remove carban filled in by the fur lease remove carban papers. Pages I and inchy event, within 72 haurs after ALLEGANY MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CUMBERTAND CHMBERT AND e. IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO IX YES SACRED HEART HOSPITAL 1803 BEDFORD SX NAME OF 4. DATE First Lost Year Day physician and campletely DECEASED Type or print' MEUBEISER DEATH JOSEPH MARCH S. SEX 6 COLOR OR RACE B DAIL OF BIRTH 9. AGE (in years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Months Hours Doys DIVORCED 9-28-83 82 10a JSUAL OCCUPAT ON (Give kind of work dore 10b KIND OF BUSINESS OR (1), BIRTHPLACE Launty & State, or foreign country) 12. CITIZEN OF WHAT please during most al working life, even if refired) COUNTRY? MARYLAND, Cumberland Meat 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME ar removal, the attending physical resistance of the property of the prope Louis Neubeiser Mary Kniereim WAS DECEASED EVER IN U.S. ARMED FORCES? Address 1803 Bedford 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service R. Neubeiser Cwnb ... No 218-24-8022 crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, crematia ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carebral Hemorrhage IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove Coronary Sclerosis 20 yr. rise ta immediate couse (a), DUE TO stating the underlying cause as the has been li mo. last Carcinoma of the Prostate Gland. 19. WAS AJTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept. of Health NO # Generalized arteriosclerosis-YES TO FUNERAL DIRECTOR: After this certificate by the haspital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) Haur a.m. factory, street, affice bldg, etc.) Not While at wark at wark p.m.None 21. I certify that (I) (this haspital) attended the deceased from Dec. 16. , 19 6/45 and the deceased alive an March 7. 1966, and that death accurred at 1966. to March 7, 1966, that (I) (we) last be retained director, page 3 shauld should be filed with the saw the deceased alive on March 7. 220 SIGNATURE 22b. DATE SIGNED ATTENDING 3-9-66 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 140 BEDFORD ST. CHMBERLAND, MARYLAND HALLINAN 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/10/66 SS. Peter & Paul Cometeri Cumberland ADDRESS 2Sp RECD'BY REGISTRAR 25b. REGISTRAR S.SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 1956 Cumberland. Waime George

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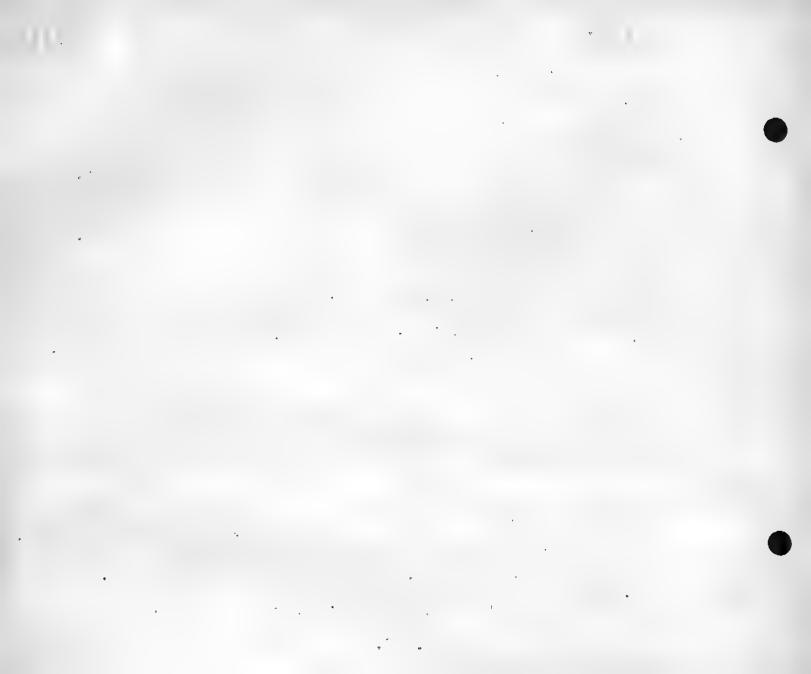
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Allegany Allegany Maryland MARYLAND Department after death. may be b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 35 years Cumberland the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. IS RESIDENCE ON A FARM? d. STREET ADDRESS State Sacred Heart -- DOA 1314 Virginia Avenue NO Y X 3. NAME OF First DATE Middle Month DECEASED OF DEATH (Type or print) Harry Nines L. March 19 66 with death. Pages 1, 6, COLOR OR RACE | 7, MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthdey) | Months | Days 2 Sept. 20, 1915 50 White Male WIDOWED DIVORCED X Town The state of 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brakeman —Rest. Oper. Railroad 12. CITIZEN OF WHAT COUNTRY? USA 11. BIRTHPLACE (State or foreign country) Davis W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ezra C. Nines Ella White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Thelma Nines. Cumberland, Md. permit. removal, 298-09-3713 yes War 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit Lobar Pneumonia. Bilateral Days IMMEDIATE CAUSE (a) DUE TO V Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the ed underlying cause last. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION used to but PERFORMED? YES A AL ND 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) should the certificate, writ 4 should be forwarde 3 shou MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While at work at work CIUK: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy T. Inspection X. Inquiry X. and in my opinion FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes X. Accident Suicide Homicide execute the result of the sour for your for the sour for the source of th CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Ö DEPUTY MEDICAL EXAMINER M March 11, 1966 director. EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. Address (Street, city, town, or county umberland, Maryland 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 March 13.1966 Hillcrest Burial Park Cumberland, Md.

BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR! Municer VR ALSME (5) James F. Scarpelli, Cumberland, Md.

7.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY filled in by the fu papers. Pages 1 a hin 72 hours after o b. COUNTY ALLEGANY MARYTA ND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 DAYS FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within No.K FIRST within etely carpon 3. NAME OF First Middle DATE Last Month Day DECEASED DF and comple emove cari (Type or print) DEATH JOSEPH PASSARELLI MARCH 19 66 executed SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min Months Days Hours WIDOWED DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work done physician please / waf, and ih 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. SELF EMPLOYED MERCHAI ${f TTALY}$ death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph irmit. Then MICHAEL PASSARELLI ROSINA ROSANOVA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address mit. (Yes, no, or unkown) | (If yes give war or dates of service) ed by the attraction berm cremation, 212-32-8072 MRS. SUSAN PASSARELLI. FROSTBURG. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES [No [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Qand that death occurred at 2 6. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNAPORE 22h. page . filed ATTENDING -MEO. STAFF PHYS. DIRECTOR Da O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRES director, p should be 1 NAME (Type) DAVIS. BROADWAY. FROSTBURG. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 21 166 MICHAEL'S CEMETE 24. FUNERAL DIRECTOR **ADDRESS** REC'O BY REGISTRAR REGISTRAR'S 1966 1/65



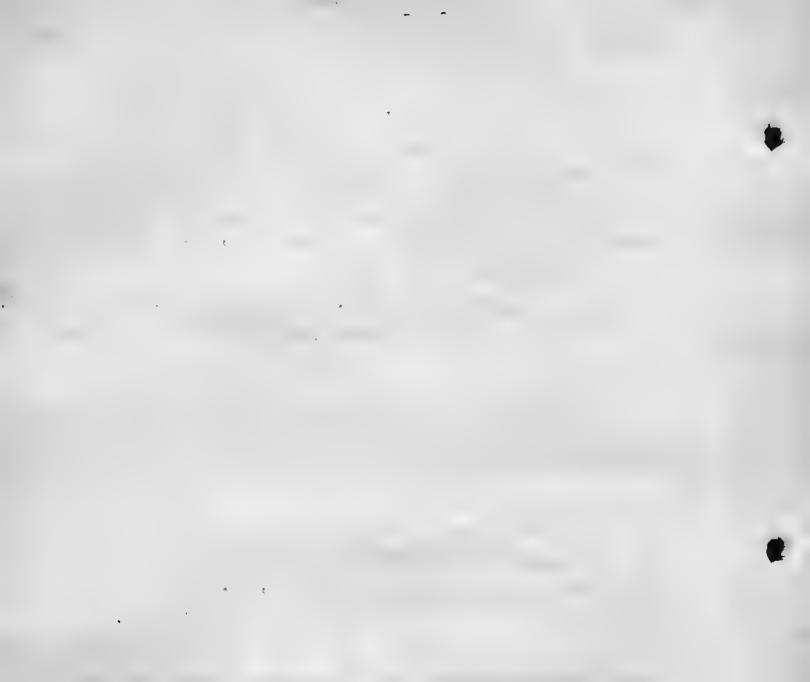
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STMARYLAND ALLEGANY EGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS RT.#2. within. BALTIMORE MEMORIAL HOSPITAL PIKE No.X YES within NAME OF First DATE Month Day Year Middle Last DECEASED ĎF event, PERRIN MARCH HOWARD DEATH (Type or print) L 19 66 executed 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH ACE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Months | Months 884 Days Hours MALE WIDOWED DIVORCED [= 12. CITIZEN OF WHAT physician on please re 10a, USUAL OCCUPATION (Cive kind of work done ! 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) PENNA. Carpenter - Self imployed 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME the attending p it permit. Then FRANKLIN PERRIN ELIZABETH FELTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address o (Yes, no, or unkown) | (If yes give war or dates of service) MEMORIAL HOSPITAL 220-10-4560 No cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: -trans IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, if any, which rise to immediate 許さ DUE TO (a), stating the prior underlying cause last. (0) 88 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. ficate Health PERFORMED? NO 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of inlury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 3/2 19 (that (I) (we) last DIRECTOR: M. from the causes and on the date stated above. 1940 and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page DIRECTOR PHYS HOSPITAL PHYSICIAN'S TO FUNERAL 22d. 22C. should be NAME (Type) CUMBERLAND director, (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) Marvland Park Burial Hillcrest Burial Cumberland REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR ADDRESS 66 Ruth E. Silcox Cumberland Maryland 21502 VR A15 20M 1/65

Y For

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Allegany b. COUNTY Maryland Allegany the MARYLAND CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Cumberland Cumberland Ξ, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Allegany County Infirmary 804 Washington Street NO YES within etely 3. NAME OF First Middle DATE Month Day DECEASED ŌF Allison 1966 (Type or print) Susanna Peters March DEATH executed 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIEO Female White ′1886 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? physician an please r 11. BIRTHPLACE (County & State, or foreign country) Cumberland. Maryland Housewife certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетога Elvin E. Schartel Minnie Allison 16. SOCIAL SECURITY NO. | 17. INFORMANTP . O . BOX 599. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addresumberland. Md. (Yes, no, or unkown) (If yes give war or dates of service) Allegany County Infirmary cremation, records. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. signed Conditions, if any, which peen gave rise to immediate the cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS WAS AUTOPSY PERFORMED? certificate NO [YES 日報 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of (tem 18.) ъ MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from **25/66** 19 DIRECTOR: age 3 should led with the 211/66 saw the deceased alive on _ and that death, occurred at. _M. from the causes and on the date stated above. ATTENDING T at 22b. DATE SIGNEO MED. DIRECTOR STAFF PHYS. M.O. FUNERAL 22c. director, p should be 1 22d. **ADDRESS** Mathews. M. D. В. Greens St. Cumberland . Md. BURIAL, CREMATION, CEMETERY OR CREMATORY (State) 0 REGISTRAR'S SIGNATURE DIRECTOR AOORESS REC'O BY REGISTRAR 25b VR A15 (4)

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1(M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
STATE-	03132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7
DOT.	PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission and second	on)
Health		
	write RURAL and give nearest town)	
	Lonaconing 75 yrs. Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS la. IS RESIDEN	100
	Front Street Pront Street ONAFAR	
ŀ	NEW CO.	_0
	DECEASED	
	(Type or print) MARY ESTELLA PHILLIPS DEATH 3/18/1966 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1/24 AR) IF UNDER 2/4 HR	2.5
	less pinnesy Months Dave Manuar Man	
	DB. USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OF INDUSTRY 11 BIDTHOLAGE (SUIT) OF SUIT OF S	rbv
	done during most of working life, avan if relired	KII
	House Work Own Home Lonaconing, MD. USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1		
ŀ	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT	-
	No. Or unknown) (Ifyasgivewarordstasofservice) None Mrs. Patrick McDonough, Lonaconing,	M
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	.,11
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) CORONARY OCCLUSION SUDDEN	
	UAAI DUETO	
1	Conditions, if any, which \ (b) CORONARY SCLEROSIS	
Ī	gave rise to immediata cause	
l	(a), stating the underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS	Y
I	PERFORMED? YES NO.X	7
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	-
l	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Pour e.m. While Not While fectory, street, office bldg., alc.) While Not While at work at work	
l	p.m. 19 at work at work	
l	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X, and in my opinion	n
	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ı	SIGNATURE Denedict Kelareleo M.D. ASSISTANT MEDICAL EXAMINER 7	
EXAMINER'S Benedict Skitarelic Cumberland. MD.		
	Address (Singer, CAY, town, of county)	
	22. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. EOCATION (City, town, or country) Burial 3/21/1966 Oak Hill Cemetery Lonaconing, MD.	
	3. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	GEORGE EICHHORN Lonaconing, MD. MAR 23 1966 Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3 requires that the deoth certifiche be executed within 24 hours after deoth deoth and completely filled in by the funeral remave corban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o COUNTY o. STATE b. COUNTY Maryland Allegany Allegany MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Oldtown 1 2 Days Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Sacred Heart Hospital YES NO [3 NAME OF Middle 4. DATE Last Manth Day Year DECEASED (Type or print) OF DEATH 19 66 Piper Evelyn Nisbit IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Months Davs Hours or removal, and in any 4/26/07 WIDOWED DIVORCED Female White 10a USUA, OCCUPAT ON (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? please during most of working life, even if retired) physician or please INDUSTRY Kentucky Hownewife 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Louise Kemp Millard Fowler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war or dates of service) 338-12-5490 Simon F. Piper. Oldtown, Md No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the buriol-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: vente cownay occlusion IMMEDIATE CAUSE (o) 4201 DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? CERTIFICATION NO YES þ 20g, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc) Nat While at wark at work . 1966 to 2-28-, 1964, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from_ 3-2director, page 3 should should be filed with the 3 - 1- 1966, and that death accurred at M. fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o SIGNATURE ATTENDING M.D. DIRECTOR PHYS 22d ADDRESS 27c. PHYSICIAN'S NAME (Type) Greene Street Dr. L. Brings 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Allegany Md. Oldtown Methodist Cem. Oldtown. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 230 Balto Ave. Cumberland.



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	MARYLAND STATE DEPARTME			
AL	RESEARCH AND RECORDS, 301 W. F	PRESTON STREET,	BALTIMORE 1,	MARYLAND
	RESEARCH AND RECORDS, 301 W. F CERTIFICATE OF D	DEATH		03119

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)		
I	a. COUNTY	a. STATE VA b. COUNTY		
ı	D. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 15	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
J	Write KURAL and give nearest town)			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	WILEY FORD d. STREET ADDRESS e. IS RESIDENCE		
J		ON A FARM?		
1	MEMORIAL HOSPITAL	YES NO X		
1	3. NAME OF First Middle	Last 4. DATE Month Day Year		
1	(Type or print) VIRGINIA BELLE	POWELL DEATH MARCH 1 19 66		
1	7. INARRIED TEFER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lage Airthday) Months Days Hours Min.		
ı	FEMALE WHITE WIDOWED X DIVORCED	3-29-1883 S2 yrs. Months Days Hours Min.		
1	1Da. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) [NDUSTRY,	11. BIRTHPLACE (County & State, or foreign country 12. CITIZEN OF WHAT		
ı	during most of working life, even if retired) Housewife Win Home	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
ı	GEORGE SAVILLE	ANNA SHANHOLTZ		
l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
ı	(Yes, no, or unkown) (If yes give war or dates of service)	MEMORIAL HOSPITAL. CUMBERLAND. MD.		
ŀ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
ŀ	PART I. DEATH WAS CAUSED BY:	ment Cent Buxus		
l	IMMEDIATE CAUSE (a) CERCULE CE	73003		
ı	Conditions, if any, which) DUE TO 3VI (Occition)	the & Block - To ball to when		
ı	gave rise to immediate	The prince of the		
1	cause (a), stating the underlying cause last. (c) at less leads the Charles Vanuel Usane your			
ı				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 19. WAS AUTOPS PERFORMED?			
	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)		
١				
	fanto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) by, street, office bldg., etc.)		
ı	Hour a.m. p.m. 19 While Not While at work at work			
ł	21. I certify that (1) (this hospital) attended the deceased from 1957, 19 to March, 1966, that (1) (ive) last			
ı	saw the deceased alive on Mccal 196 and that death occurred at 3:500.400m the causes and on the date stated above.			
ı	22a. SIGNAPORE ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 3/2/6/5			
	22e. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
١	DR. G. O. SHIMMEL WRIGHT	133 VIRGINIA AVE.		
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S REMOVAL (Specify)	2 1 2 2		
	Burial March 3,1966 Sunset Memo	orial Park Cumberland, Md.		
	24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberla	and Md. 211 P 1966 The Strates Signature		
	our of the text of	and Maloate, R 4 1966 fillantes Judge		

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town)
CUMBERLAND PAW PAW 35 DAYS B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 25E ON A FARM? BOX 245 bon pape within 7 MEMORIAL HOSPITAL NO . YES 🗌 etely DATE Month Day 3. NAME OF First Middie 4. DECEASED ROUZEE H. **JAMES** MARCH DEATH 19 66 (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH 5. SEX NEVER MARRIED last birthday) Months! WHITE 8-14-1892 MALE WIDOWED DIVORCED [12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) d by the attending physiciar transit permit. Then please cremation, or removal, and in COUNTRY? during most of working life, even if retired) INDUSTRY RIVERTON. W. VA. certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY E. FISHER GEORGE ROUZEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) [(If yes give war or dates of service) death CUMBERLAND. MEMORIAL HOSPITAL-INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ling-for (a), (b), and (c).] ONSET AND DEATH been signed by the burial-transit or to burial, crem PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause last. PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PERFORMED? ealth certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury the Part I or Part I Left Item 18. NO 🗷 He o 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for (County) (State) 20f. (City or town) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) be de State After And be the the Hour a.m. Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should ded with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED 22b. 22a. SIGNATURE ATTENDING page PHYS. DIRECTOR 22d. ADDRESS PHYSICIAN'S FUNERAL TO FUNERAL director, p should be 1 NAME (Type) CUMBERLAND. MD CENTRE ST.. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION, 23b. REMOVAL (Specify) Paw Paw. BURTA REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I 25b. 25a. 24. FUNERAL DIRECTOR Berkeley Spgs. VR ALS (4) 20M

SERLAND, MD

. W. Va.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence b for a pm short) a. COUNTY Allegany 6 COLINTY Allegany MARYLAND b. CITY OR TOWN (floutside corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and givin est town write RURAL and give necrest town) Cumberland. Cumberland. d. NAME OF HOSP TAL OR INSTITUTION of not in hospital ig ve street educess d. STREET ADDRESS ON A FARM 212 Decatur St. D. O. A. Sacred Heart Hosp. YES NO X 3. NAME OF 4. DATE Month DECEASED (Type or print) Wilson Schoonover Lawrence. March 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR ! IF JNDER 24 HRS lest birthday) WIDOWED [DIVORCED [Mau IDe. USUAL OCCUPATION (G.ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE Stete or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working I to, even if retired, Auto Service Station Elkins. W. At**t**endant 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Della G. Schoonover Dora E. Louk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) ((fyasgive war or delas of service) 214-36-6299 Mrs. Mary J. Schoonover 212 Decatur St. Cumb. Md. 18. CAUSE OF DEATH [Enter only one cause per line for to ,b), and (c-) INTERVA, BETWEEN SUDDEN SUDDEN PART I DEATH WAS CAUSED BY-CRUSHED SKULL, FRACTURED NECK IMMEDIATE CAUSE (a) **DUE TO** (PASSENGER IN SINGLE AUTO ACCIDENT) Conditions, Feny, which gave rise to immediate causa DUE TO (a), slating the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 2Db DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I of Part II of Itam 18.1 SINGLE Month, Day, Year 2Dm. PLACE OF INJURY (Homa, farm, 2Df. City or town) 2Dd. NIJRY OCCURRED (State) factory, street, office bldg., etc.) While at work at work X RT. 28, 2 mile south, Wiley Ford, Mineral, W. Va. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and 'n my opinion Accident XX death resulted from. Natural causes Su cide Undetermined manner [Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAM NER [DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER March EXAMINER'S BENEDICT SKITARELIC, M.D. NAME (Typa) Address (Straat city town, or coun Cumberland, Maryland please 4 shou O FUN Health 228 BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Bureal Hillcrest Burial Park Cumberland, Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b REGISTRAR 5 5 GNATURE H. Wayne George Cumberland, Maryland

should b

VR A15ME 5M 1/62

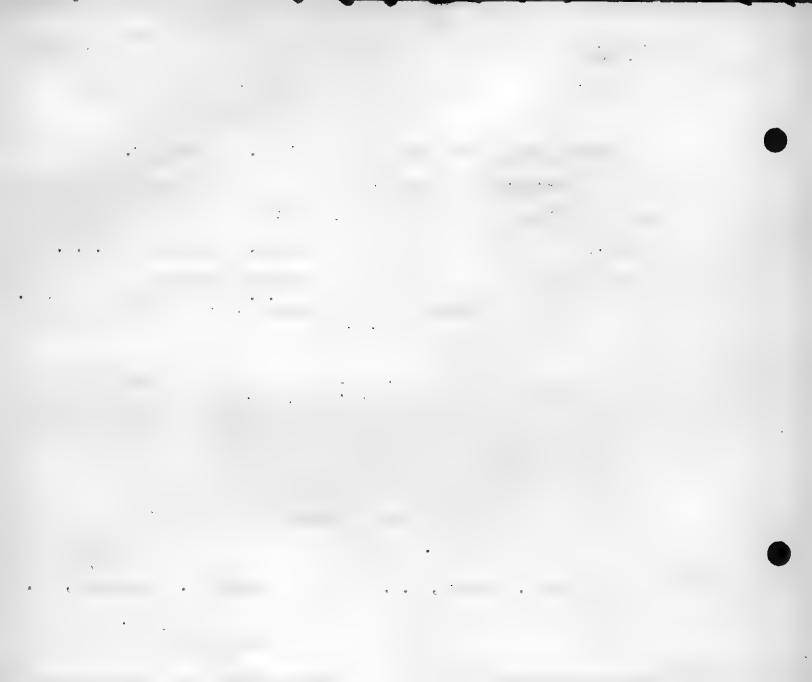
STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH OSTS CERTIFICATE OF DEATH OSTS O
1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND MARYLAND JOHN STREET ADDRESS MEMORIAL HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HOSPITAL 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission as STATE MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND d. STREET ADDRESS 202 SPRINGDALE ST. ON A FARM?
3. NAME OF DECEASED (Type or print) GLADYS L. SCOTT DEATH MARCH 19 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTHL905 (ast birthday) Months Days Hours Min Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR JUDISTRY Baker 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ALLEG. CO. MD. 12. CITIZEN OF WHAT COUNTRY? ALLEG. CO. MD. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME ULYSSES MC KENZIE 14. MOTHER'S MAIDEN NAME ORA HINES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO DUE TO Conditions are cause (a) to the cause last. (c) DUE TO Conditions are cause (a) to the cause last. (c) DUE TO Conditions are cause (a) to the cause last. (c) DUE TO Conditions are cause (a) to the cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO 72. 20a. ACCIDENT WAS UNCERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) 4 Hour a.m. 4 Dy Maile at work 19 19 66, and that death occurred at 19 19 66, to March 19, 1966, that (I) (we) Item 19. 21. I certify that (I) (this hospital) attended the deceased from Autopath 1966, and that death occurred at 1966, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
TO Jacoby M.D. ATTENDING DIRECTOR DIREC

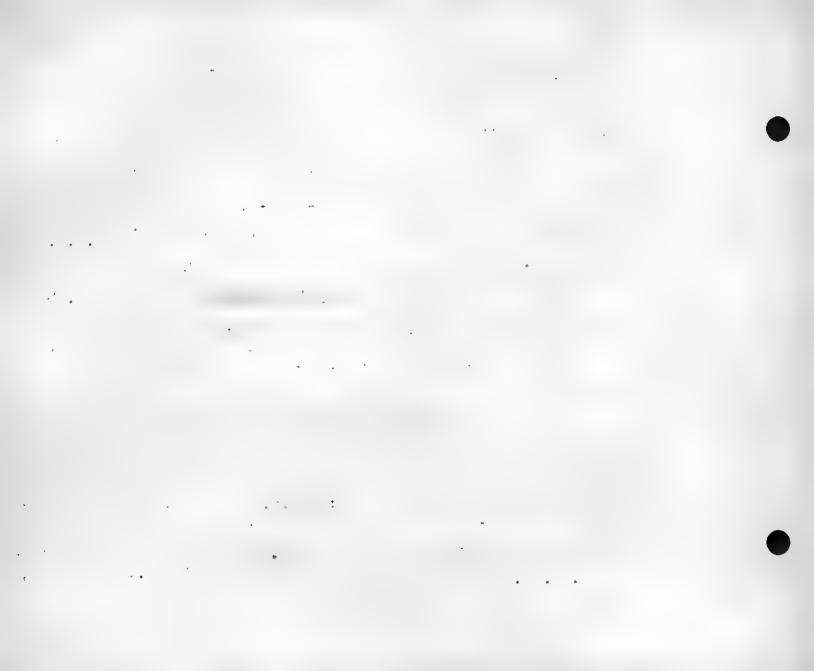


	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
£	man M	03138 CERTIFICATE OF DEATH 03123	
death	dead	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as COUNTY)	
5	0 T 5	Allegany Maryland Maryland Allegany	
4	ages s aft	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town, write RURAL and give nearest town)	
hours after	ir g	Cumberland 11/3/65 Cumberland	
24 h	filled papers in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM!	
	- E / '	Allegany County Infirmary 121 N. Allegany St. YES NOT	
executed within	letely rbon , wit	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF	
pa	complete ve carbor event, wi	(Type or print) Margaret Marvin Shaw DEATH March 17 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HI	
- Contra	and co	last birthday) Months Days Hours Mir	
	- 3 III 1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
be	physician n please /al, and th	during most of working life, even if retired) INDUSTRY COUNTRY?	
ate	al, a	Housewife Allegany Maryland U.S.A.	
death certificate be	ng I Then mov	Perry Weimer Catherine Zebach	
8	tendi i.t. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. Box 599 Add The borland, Md. (Yes, no, or unknown) ((fyes give war or dates of service)	
eath		NO None Allegany County Infirmary	
	by the a'	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	
PART I. DEATH WAS CAUSED BY: (1) Hyparabile: Oba Clegarative ONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO E Conversion of the Conversion of			
tha			
Conditions, If any, which gave rise to Immediate (b) (b) (c) Anterior Society Guerry & Cuchary			
a sed	bee the	cause (a), stating the Die 100 Haraces Circhael differences (1)	
Taw Han	has as pric	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) [19]. WAS AUTOPS	
The second	ate use alth	PERFORMED? YES NO	
1131	cert Shed		
HYS	this Delatar	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lambda of the lat work 19 19 19 19 19 19 19 1	
200	tter state	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work	
ON S	he S	21. I certify that (I) (this hospital) attended the deceased from 11/365 19 to 3/16/66, 19 that (I) (we) la	
TE	Short th	saw the deceased alive on 3/16/66 19 , and that death occurred at A M, from the causes and on the date stated about	
A C	de 3 Ke 3 Ge 3	22a. SIGNATURE (22b. DATE SIGNED ATTENDING X DIRECTOR X PHYS. X 3/17/66	
# B	Fife Page	22c. PHYSICIAN S DIRECTOR DIRE	
TI d'S	FUNERAL FUNERAL rector, p	NAME (Type) Lee B. Mathews, M.D. 49 Greene St. Cumberland, Md.	
O HOSPI		23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
20	6 p 4	BURIAL MARCH 19,1966 ROSE HILL CEMETERY CUMBERLAND, MD.	
	0	24. FUNERAL DIRECTOR ADDRESS 25a. BEGUSTRAR 25b. REGISTRAR'S SIGNATURE	
VR	A15 (4)	BYRON KICHT CUMBERLAND, MD. DATE MAR 28 1956 Judge	



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY GANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) CUMBE RL AND DAYS CUMBERL AND bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 214 SOUTH LEE STRFFI NO X YES etely carbon NAME OF Oay First Middle Last Month Year DECEASEO event, 1 DEATH MARCH ботріє (Type or print) ADA SHORT 66 19 5. SEX AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIEO erflove FEMALE WICOWEO Y DIVORCED! 84 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT = 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INOUSTRY **COUNTRY?** during most of working life, even if retired) Mineral Co. Own Home. HOUSEWIFE VIRGINIA death certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending ph ermit. Then гетома ELIZABETH DOWDEN JOSEPH PYLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 214 South Lee Sa he atten permit. Ь (Yes, no. or unkown) I (If yes give war or dates of service) - CUMB EARLAND. cremation, No None INTERVAL BETWEEN ONSET AND DEATH CAUSE OF OEATH [Enter only one cause per line for (a), (b), and [6] al-transi PART I. DEATH WAS CAUSED BY: å IMMEDIATE CAUSE (a) signed been see buria. DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 6 OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) 20a, ACCIDENT WAS UNCERLYING I tached Dept. of OR CONTRIBUTING CAUSE OF OF ATH MEDICAL (County) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While a.m. 19 at work at work that (I) (we)-last 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the M, from the causes and on the date stated above. saw the Deceased ative on and that death occurred at OATE SIGNED 22b. 22a. SIGNATURE page STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S TO FUNERAL 22c. 22d. director, should be NAME AVE., CUMBERLAND, MD MMEL WRIGHT 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Hillcrest Burial Cumberland Burial 3/14/66 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. C umberland. Md. H. Waiine George VR AL5 (4) 20M 1/65



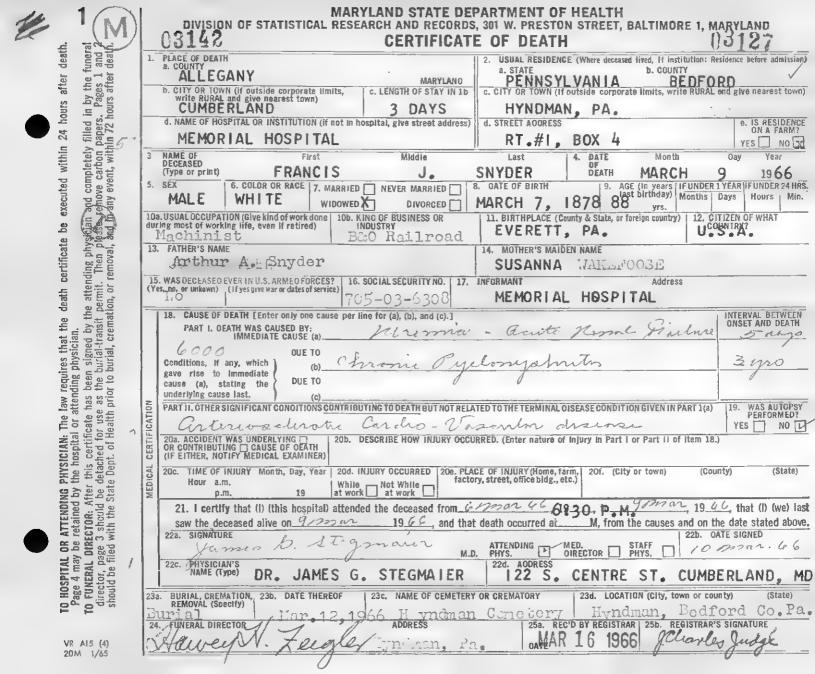
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY MARYTA ND ALLEGANY MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) in by napers. Paga in 72 hours TITE FPOSTBURG FROSTBURG - 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within MINERS HOSPITAL BEALT. YES NO X etely executed within 3. NAME OF First DATE Year MIddia Last Month Day DECEASED OF DEATH LENA (Type or print) SLINGLOFFMARCH 10. 19 66 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min 5. SEX 8. DATE OF BIRTH NEVER MARRIED Months | Days WIDOWED [DIVORCED [FEMALE APRIT, 3. 1898 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** 63 DRY CLEANING MARYLAND PRESSER death certificate physi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal MARY WILSON WILLIAM SLINGLOFF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (If yes give war or dates of service) MISS FREDA SLINGLOFF, FROSTBURG, cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed t DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th certificate has I thed for use as I pt. of Health prior underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [No 45 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) DR: After this certificable by detached for the State Dept. of \$1. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last FUNERAL DIRECTOR: / lirector, page 3 should hould be filed with the and that death occurred at 5 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. 22c. PHYSICIAN'S ADDRESS director, p should be NAME (Type) FROSTBURG. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) FROSTBURG, MD FB'G. MEMORTAL 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 29ar | REC'DEBY REGISTRAR JOSEPH R. DURST, SR., FROSTBURG, MD 20M 1/65

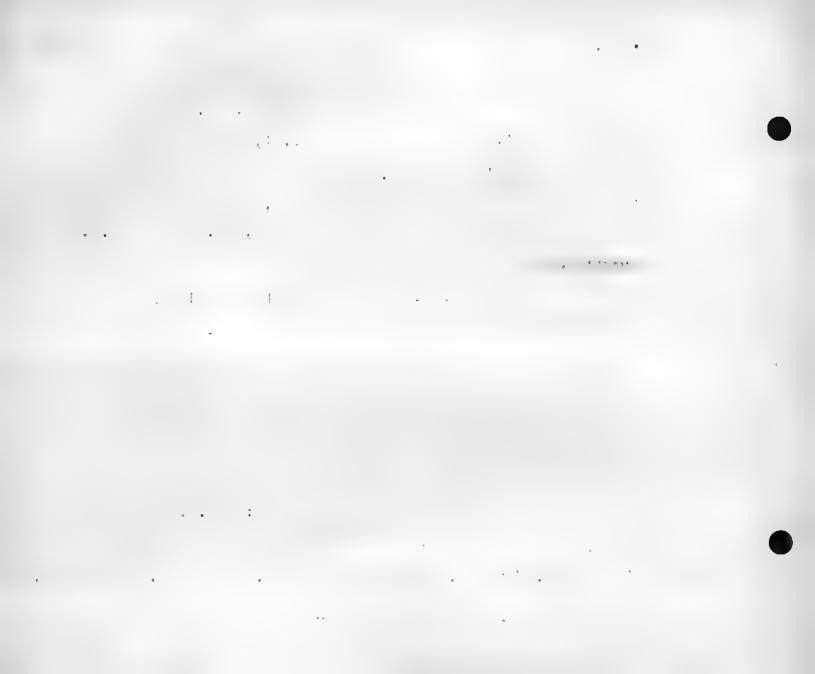


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral lave carban papers. Pages 1 and y event, within 72 haurs after geat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) o. STATE Maryland o. COUNTY **b** COUNTY Allegany b. CITY OR TOWN (It outside corporate imits, write RURAL and give necrest town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside carparate limits, write RURAL and give negrest town) Cumberland 22
d NAME OF HASPITAL OR INSTITUTION (If not in haspital, give street address) 22 days Cumberland d. STREET ADDRESS IS RESIDENCE ON A FARM? 408 Park Street Sacred Heart Hospital YES NO 🚾 3. NAME OF Middle 4 DATE OF Maeth Snyder DECEASED Wilbert Cletus March 66 (Type or print) DEATH S SEX 6. COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED RIRTH 7 MARRIED 4 lost by miday) Male Days Hours White WIDOWED DIVORCED VI IDo USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 B HELD (County & Style or foreign country) 12. CITIZEN OF WHAT during most of working te, even swiftch tender Pusiky

Railroader

13 FATHERS NAME COUNTRY? **学学等的有关的** 14. MOTHER'S MAIDEN NAME Sarah Smith Ransom Snyder 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates at service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Lawton Mrs. Patient's chart 510/. 70th Ave 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c),) INTERVAL BETWEEN Hvattsville signed by the burial-transit burial, cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave nse ta immediate couse (a), **DUE TO** stoting the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO V O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day Year Hour a.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram 2 \\\ 66, 19 , to 3/2 ., 19 66 that (I) (we) last 3\5 1966, and that death accurred at 4PM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S W. Spiggle NAME (Type) 126 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Redgesville 3/9/66 Tomahawk Cemetery Burial 24. FUNERAL DIRECTOR 2Sq REC D BY REGISTRAR 230 Baltimore Avenue VR A15 (4) DATE MAR 8 20 M 1/66 Cumberland, Maryland

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E ENG	03144 CERTIFICATE OF DEATH 03129
e funeral 1 and 2 er death.	1. PLACE OF OFATH a. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND ALLEGANY
hours after d in by the f rs. Pages 1 Z hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND
24 hor filled in 72 hor	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL 132 BEDFORD STREET ON A FARM? YES NO MEMORIAL HOSPITAL
within metely elbon fr, with	3. NAME OF PIRST MIDDLE Last 4. DATE Month Day Year OF OF DECEASEO (Type or print) CHESTER D. SOWERS DEATH MARCH 11. 19 66
executed within and completely removed to any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR) FUNDER 24 HRS. MALE WHOMEO DIVIDED F. 1.2 1909 1281 birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work down of work of the country) 10a. USUAL OCCUPATION (Give kind of work of work of work of work of work of the country) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? CUMBERLAND. MD. U. S. A.
ertificate ding phys Then ple removal, a	13. FATHER'S MAIDEN NAME CHAPLES I SOMEDS
eath cert attendin srmit. Ti n, or ren	15. WAS DECEASED EVER IN LI.S. ARMED FORCES? (Yes, non-prunkown) (Hyes give war or dates of service) MARGARET J. KNOTT Address MEMORAAL HOSPITAL - CUMBERLAND, MD.
TO ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it	18. GAUSE OF OEATH (Enter only one cause per line for (3), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 203. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (I) OR CONTRIBUTING TO CAUSE OF DEATH (I) OR CONTRIBUTING TO CAUSE OF DEATH (I) ETHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 207. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 208. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 209. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 200. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 201. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 202. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 203. BURNAL (I) (this hospital) attended the deceased from 1942 (I) (I) (we) last saw the deceased alive on 3-1/2 19 (A) and that death occurred at M, from the causes and on the date stated above. 222a. SIGNATURE 222b. OATE SIGNED M.D. PHYS. DIRECTOR PHYS. 3/1/4/4 224d. ADDRESS NAME (Type) DR. WILLIAM P. IAMES 225d. ADDRESS NAME (Type) DR. WILLIAM P. IAMES 226d. ADDRESS NAME (Type) DR. WILLIAM P. IAMES 227d. ADDRESS NAME (Type) DR. WILLIAM P. IAMES 228d. FURNAL (I) (I) (We) last such as a such as a such as a such as a suc



1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	10 × 0
ਵਾਂ ਰੂਐਵਾਂ - ਜ਼ਿਲ੍ਹੇ	03145 CERTIFICATE OF DEATH	Ton
after death / the funeral ges 1 and 2	PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence bef a. STATE MARYLAND b. COUNTY ALLEGAN	
in by the s. Pages hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	·
hours d in by rs. Pag	CUMBERLAND 5 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS	RESIDENCE
fille sape	MEMORIAL HOSPITAL 507 EAST OLDTOWN ROAD YES	N A FARM?
ited within completely ve carbon pevent, within	NAME OF First Middle Last 4. DATE Month Day OF	Year
d w	(Type or print) WILLIAM H. STALLINGS DEATH MARCH 5	19 66 INDER 24 HRS.
and cor		ours Min.
S ESE	LISUAL DCCUPATION (Give kind of work done) 10h KIND OF RISINESS OR 13 BIRTHPLACE (County & State, or foreign country) 1.12 CITIZEN OF	WHAT
icate be e physician n please val, and fin	RETIRED -Maintenance Dept. Store CUMBERLAND, MD. U.S.	Α
icat phy m p	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
certifica Iding ph Then remova	NATHAN STALLINGS ANNA Q. TWIGG	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ME MORIAL HOSPITAL - CUMBERLAND, 218-24-7875	MD.
nt the deat lan. d by the at ransit pern cremation,	ONSET	L BETWEEN AND DEATH
at the lan. I by trans		LIKS
that the physician, signed by signed by urrial-transition.	4 day DUE TO 12 and de la	411
ulres the physical signal purial burial	gave rise to Immediate (b)	7-
aw requir ttending p has been as the b prior to b	cause (a), stating the DUE TO Mystarditis Continuos elevate 7	yes
atten has e as h prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W.	AS AUTOPSY REORMED?
The cate	YES [NO 🗌
ITAL OR ATTENDING PHYSICIAN: The law requires that the may be retained by the hospital or attending physician. TAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transe filed with the State Dept. of Health prior to burial, creating the state Dept.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING PHYSIC! d by the host After this ce 1 be detached State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County)	(State)
DING ed by After d be e Sta	p.m. 19 at work	70) A.v.) Jack
OR ATTENDIN y be retained b DIRECTOR: Aft age 3 should b iled with the St	21. I certify that (I) (this hospital) attended the deceased from 19 to	(1) (we) last tated above.
T AT T AT S S S S S S S S S S S S S S S S S S S	1 22h DATE SIGNATURE	
L OR ny be nage filed	22c. PHYSICIAN'S LOUIS LOUIS ATTENDING MED. STAFF 3/6/0	06
P-4 11 0 .	PHYSICIAN'S NAME (Type) DR. CLAY E. DURRETT 22d. ADDRESS 236 VIRGINIA AVE. CUMBERL	AND, MC
O HOS Page O FUN direct	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
F F "	Burial March 9,1966 Mt. Herman Cemetery Cumberland, Ma. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE.	DE .
0	James F. Scarrelli, Cumberland, Md. MAR 10 1966 Michaeles Judy	a ž
VR A15 (4) 20M 1/65	DMAEN TO 1990	



O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a barial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 74 hours after death. TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH

١		Division of STATISTICAL RES	EARCH AND RECORDS	, 301 W. PRESTO	STREET, BALTIMORE	1, MARYLAND
		03146 MEDICA	L EXAMINER'S	CERTIFICATI	E OF DEATH	03131
1	1,	PLACE DE DEATH				tution; Residence before admission)
		Allegany	MARYLAND	a, STATE	b. COUNT	
ı		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b			RURAL end give nearest town)
1	R	ural Ellerslie Md.	65 years	Rural F	Ellerslie Md.	. 1 1
j		d. NAME OF HOSPITAL OR INSTITUTION (if not In	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1		Ellerslie Md.		Ellers	Lie Md.	YES NO V
ı	3.	NAME DF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
		(Type or print) Hugh	y Ster	renson	DEATH March	6 19 66
	5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED - 8	B. DATE OF BIRTH	9. AGE (in years ii last birthday) W	FUNDER 1 YEAR IF UNDER 24 HRS.
Į		ale White WIDOWER	D DIVORCED S	September I		noutis bays nouts min.
	10a dur	USUAL OCCUPATION (Give kind of work done) 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	J	udge Ju	dge Of Court	Perceton	Scotland	U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	· · · · · · · · · · · · · · · · · · ·
1		Gavin Stevenson WAS DECEASED EVER INU.S. ARMED FORCES? 16				Zenson
	15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 s, no, or unknown) (If yes give war or dates of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
ı	U	nkown	_ life	rthe Steven	son Ellersli	. Ma
		18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN
1	-1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carcinomatos	sis, general	ized	Months Months
1		157 × DUE TO				
1		Conditions, if any, which gave rise to immediate (b)	Carcinoma	of Pancreas		
1		causa (a), stating the DUE TO				
		underlying cause last. (c)				ART1(a) 19. WAS AUTOPSY
	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL (DISEASE CONDITION GIVEN IN PA	PERFORMED?
	THE	20a, EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nuture of	injury in Part I or Part II of	Item 18.)
	8	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
	동		Santa	CE OF INJURY (Home, fary, street, office bldg., e	irm, 20f. (City or town)	(County) (State)
	Q I	Hour a.m. While p.m. 19 at wo	6 Not While at work	13, 01. 00 1, 01.1100 2108.1		
		21. I certify that I took charge of the re-		d an Autopsy 🗷,	Inspection X, Inquir	ry 🕱, and in my opinion
		death resulted from: Natural causes 🖾	, Accident , Sui	ciđe 🔲, Homici	de 🔲, Undetermined n	manner 🔲
		() , - 1	- VA-1	CHIEF MEDICA	L EXAMINER	
		SIGNATURE SIGNATURE	Stelarell	WI.U.	DICAL EXAMINER	22, DATE SIGNED
		EXAMINER'S BENEDICT SKITAR	RELIC. M.D.			ch 7, 1966
1	72-	INNINE (1)kc)	23c. NAME OF CEMETERY		t, city, town, or countyCam?	perland, Mi,
		BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)				
	24	Burial Mar. 9, 196	6 Rose Hill C	emetery 25a. RE	Cumberland	SISTRAR'S SIGNATURE

1956

ory of

VR AI5ME (5) 5M 1/65 I ..

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAM "ER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edimission) a. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (if outs de corporete limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete lim is write RURAL and give nearest town, write RURAL and give neerest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 742 Baker St. D. O.A. Memorial Hospital YES NOX 3 NAME OF 4. DATE DECEASED OF March (Type or print) DEATH Lorraine Tabler 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) WIDOWED [DIVORCED Jan. 12,1936 10a USJAL OCCUPATION (Give kind of work , 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stere or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tavern Operator Self Employed Cumberland, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Rummer Beulah Liller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unkown) ((If yes give wer or detes of service) Mrs. Beulah Rummer, Wiley Ford, W. Va. - Mother na 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Fractured Skull, Crushed Chest Sudden IMMEDIATE CALISE IN DHE TO (Automobile Accident) Conditions, I any, which geve rise to immediate cause DUE TO [6], steting the underlying couse lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NOX X X 2De EXTERNAL CAJSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of it in 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Driver in Single Car Accident 1 2Dd. INJURY OCCURRED 2De PLACE OF NJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 11:10 p.m March 20 1966 of work at a Rt. 28 2 Mile So 2 Mile South Wiley Ford, Mineral, W. Va. and in my opinion death resulted from Natural causes Accident Suicide Homicide Indetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be to FUNERAL DEPUTY MEDICAL EXAMINER A March 20, 1966 BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland, Maryland 22s. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCAT ON (City, town, or country) 40 H March 24,1966 Sunset Memorial Park Cumberland, Md. Burial 24e. REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME James F. Scarpelli, Cumberland, Md. 5M 1/62

LAND STATE DEPARTMENT OF HEALTH



/ 1/A	I (R	MAR' DIVISION OF STATISTICAL RESE	Y LAND STATE DEI ARCH AND RECORDS	PARTMENT OF HEALTH . 301 W. PRESTON STREET.	RAITIMORE 1 MARVIAND		
± 50 €		03148	CERTIFICATI		03133		
deat uner and deat		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decea	sed lived. If Institution: Residence before admission		
P 7 7	, 1	ALLEGANY	MARYLAND	a. STATE MARYLAND	ALLEGANY		
's after by the Pages after af		b. CITY DR TOWN (if outside corporate limits.	C. LENGTH OF STAY IN 1b		rate limits, write RURAL and give nearest town)		
ours in by Page		write RURAL and give nearest town) CUMBERLAND	II DAYS	CUMBERLAND	~1.1		
24 ho filled papers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?		
4-0.00	11	MEMORIAL HOSPITAL		476 WILLIAMS	ST. YES NO K		
death certificate be executed within the attending physicial and completely permit. Then please sandon is no removal, and in any event, with		3. NAME OF First DECEASED (Type or print) HARRY Co	Middle THO	MPSON ST. 4. DATE OF DEATH	Month Day Year MARCH 21. 1966		
nted w comple ve car	j [5. SEX 6. COLOR OR RACE 7. MARRIED	EAST TO STORY	B. DATE OF BIRTH 19. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS		
xeci	5.	MALE WHITE WIDOWED	DIVORCED		9 yrs. Hours Min.		
0 6)	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (Councy & State, o.	.oreign country) 12. CITIZEN OF WHAT CDUNTRY?		
a Sicilia		Ret. Engineer B	E O RIVIL	KERONS W. VA.			
fical fica fical fical fical fical fical fical fical fical fical fical fica fica fical fical fical fical fica fica fica fica fica fica fic		13. FATHER'S NAME	3	14. MOTHER'S MAIDEN NAME			
certifica ding pt Then remova		JOHN THOMPS OF	·	DENIZA STERM			
death c ne atten permit.		(Yes, no, or unknwn) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT Ars. Hester B.	Thompson 476 Williams		
		No.	S- #	KKRZOHXXXAXXBOMZM	MAL, CUMBERLAND, MD.		
requires that the deat iding physician. been signed by the at the burial-transit pern or to burial. cremation.		18. CAUSE OF DEATH (Enter only one cause por) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	me for (a), (b), and (c).	11: 1	INTERVAL BETWEEN DNSET AND DEATH		
that thy sician. Since by ial-transition creating the creating is the creating the creating is the creating t	to .	2214	ac dica !	1 Straction	e - Baley		
w requires that the centing physician as been signed bas the burial-trans as the burial-trans and the burial trans and the burial trans the burial transfer to burial transfer transfer to burial transfer transfer transfer transfer transfer transfer transfer transfer transfer trans	3	Conditions, If any, which) DUE TO	tos.	for and	di Log-		
regulr ding p been the bir	2	gave rise to immediate (S. C. A.				
aw re ttendii has be as th	5	cause (a), stating the DUE TO underlying cause last. (c)					
(a = 2 - L	<u> </u>	PARTIL OTHER STENIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?		
i: The lad or at ficate for use Health	100	Se Contract of (& livery decks are VES NO I					
HYSICIAN: he hospital this certifi etached fo Dent, of H			DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of Injury In Part	or Part II of Item 18.)		
HYS the the this this letac	i i		NJURY OCCURRED 20e. PLAC	CE DF INJURY (Home, farm, 201 (CI	ty or town) (County) (State)		
kie R by t iter be c	late.	Hour a.m. While p.m. 19 at work	NOT-WITTE	y, street, smed older, etc.)	etapher of the 11th		
NOTI ned at		21. I certify that (I) (this hospital) aftend	d the deceased from	2/10/66,19-2010	3/21/66, 19, that (I) (well last		
r ATTEN retaine ECTOR: 3 shoul			6 (19, and that	death occurred at 3 3 M, From	the causes and on the date stated above		
OR A OIREG		22a. SIGNATURE		ATTENDING A MED.	STAFF 22b. DATE SIGNED		
		22c PHYSIONAN'S	M.D	PHYS. DIRECTOR 22d. ADDRESS	PHYS.		
O HOSPITAL Page 4 may O FUNERAL O director, page		NAME (Type)	ILLIAMS	122 S. CENT	TRE ST.		
O HOSP Page 4 O FUNE		23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCA	TION (City, town or county) (State)		
2° 2°		DUVUUL 3/23/66	Primitive Bar	tist Cem Mon	trose W. Va.		
		24. FUNERAL DIRECTOR	ADDRESS	4415 0 4			
VR A15 (4) 20M 1/65		H. Wayne George	Cumberland,	Md. MAR 24 196	6 Scharles Judge		
.,							



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03134 CERTIFICATE OF DEATH 03149 CV executed within 24 hours after death. completely filled in by the funeral love carbon papers. Pages 1 and 2 weent, within 72 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY LLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carograte limits, write RURAL and give nearest town) write RURAL and give nearest town)
CUMBERLAND CUMBERLAND HRS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 1305 HOLLAND YES NO 30 3 NAME OF First Lost 4 DATE Month Year DECEASED CATHERINE TRACY MARCH 29 66 19 (Type or pant) DEATH 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** pleose remove last bighday) Hours FEMALE WHITE 6-27-1907 and in any WIDOWED DIVORCED Too USLAL OCCUPATION (Give kind af wark done 106 KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE COUNTRY? INDUSTRY CUMBERLAND. OWN HOME low requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal HARRY HILLEARY ELSA KELLY 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates at service) Ы 220 16 5724 HOSPI CUMBERLAND. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVA, BETWEEN signed by the buriof-transit p cremot ONSET AND DEATH IMMEDIATE CAUSE (a) attending physicion DUE TO Canditians, if any, which gove rise to immediate couse (a) DUE TO stating the underlying couse os the prior to b this certificate has been Hew (Kenti Cento Vando plesine WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) le can llen NO by the haspital or 20o ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Poge 4 may be retoined director, page 3 should should be filed with the saw the deceased olive an March 25 19 66, and that death accurred att: 15 AM, from causes and on the date stated obove. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR 22d ADDRESS 22c MINICIAN'S NAME (Type) VIRGINIA AVE. G. KLYMMELWRIGHT BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial 1966 Mt. Hebron Cemetery Winchester 230 Bancimore Ave. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Cumberland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL_RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Allegany o STATE Maryland b COLINTY 90 Allegany after death. MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)

Cumberland c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts. write RURA, and give necrest town) Cumberland ROUTE 5. d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital give street address)

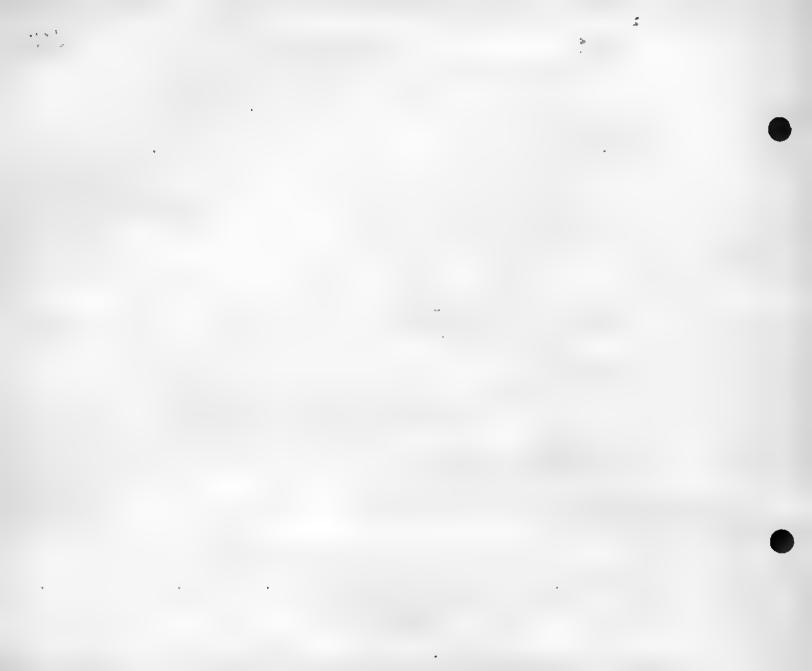
Sacred Heart Hospital d STREET ADDRESS e IS RESIDENCE ON A FARM? hours L Westwood Rd. Give Pages YES NO K after death NAME OF East M ddle 4 DATE Month Year DECEASED 166 Nicholas Vlachos 26 D March (Type or pant) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF B RTH AGE (n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ost birthday) Item 18. Hours 2-18-1919 Male White hours WIDOWED DIVORCED ever 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY during most of working tite, even if retired) COUNTRY? pages } in any SUPT. PROPOSAL DEPT.

13. FATHER'S NAME USA PENNA pencil 14. MOTHER'S MAIDEN NAME This certificate should be executed within NICHOLAS P. VL ACHOS MARY DAILEY pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) or removal. WW 2 149 03 9215 EDNA H. VLACHOS. ROUTE 5. CUMBERLAND. MD YES 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b) and (c).) PART I DEATH WAS CAUSED BY Sudday DEATH Coronary Occlusion IMMED ATE CAUSE (o)_ writing the ward bursol, cremation, DUF TO forwarded to the Conditions, if ony, which gove Sclerosis Coronary rise to immediate couse (a), DUE TO stoting the underlying couse 0.5 PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO X the certificate. 5 may be retained to FUNERAL DIRECTOR: Page 3 should be receith or its designated agent, prior ta 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d MIURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [1] Inquiry III. and in my apinion Suicide , death resulted from: Natural causes Accident . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER A March 26, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, fown, or coundumberland. Md. 230 BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
CREMATION

24. FUNERAL DIRECTOR MARCH 30.1964 FORT LINCOLN CREMATORY WASHINGTON. D. ADDRESS 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE BYRON KIGHT CUMBERLAND, MD. VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03136 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 hours after death ely filled in by the funeral oon papers. Pages 1 ond within 72 hours after deoft 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALTEGANY ALLEGANY MARYLAND b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn)
CUMBERT AND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CUMBERLAND 1 Day d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 15 625 Fairview Ave. SACRED HEART HOSPITAL YES NO I NAME OF First Middle Last 4 DATE Manth Year Day DECEASED E. White Mary 22 66 19 (Type or print) DEATH IF UNDER 1 YEAR IE UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** lost birthday) Months Davs Hours FEMALE WHITE DIVORCED WIDOWED և-7-86 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) during most of warking rife even if retired)
Retired Laundry INDUSTRY COUNTRY? by the attending physician ransit permit. Then pleose ond USA MARYLAND (Allegany Co Worker 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME ar removal, George White Cynthia Hoenicka S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ocuphnown) Ill yes give war or dates at service 16. SOCIAL SECURITY NO. 17. INFORMANT PATIENT'S CHART 220-10-9301A cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) attending physicion DUE-10 Canditians, if any, which gave rise to immediate cause (o), DUE TO for use as the L Heolth prior to b stating the underlying cause has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us the hospitol or 20g, ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month. Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work at wark 19606 21. I certify that (I) (this haspital) attended the deceased from be retoined 19 Color, and that death accurred at 24 M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED, director, page 3 should be filed v M.D. DIRECTOR PHYS. ADDRESS 22c PHYSICIAN'S 456 N. NAME (Type) CEMTRE ST .. DR. LEO C'IMBERLAND. MD. LEY 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, (County) REMOVAL (Specify) 25/66 Greenmount Cemetery Cumberland Allegany Maryland MAR 2 8 19 256 REGISTRAR S, SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 5 Ruth E. Silcox Cumberland Maryland 21502



2	1 (N		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, 1, MARYLAND
	# 50 H	1_	03152 CERTIFICATE OF DEATH
	er death.	1.	PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTALLEGANY
	ate be executed within 24 hours after death pystelen and completely filled in by the funeral please remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CLIMBERIAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CLIMBERIAND
r filled papers		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL d. STREET ADDRESS AVE. M. POTOMAC PARK ON A FARM? YES NOT	
	d withi mpletel carbon ent, wit	3.	Type or print) LOWELL ELAINE WIDMYER OF MARCH 30 19 66
	and conemove		FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED
	sician and in	100	a. USUAL OCCUPATION (Give kind of workdone Industry) Secretary 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) Neducal Profession DOUBS, MD. 12. CITIZEN OF WHAT COUNTRY Medical Profession DOUBS, MD.
	ing on Their emoval		ROBERT H. BARTLETT GRACE E. HOY
	eath co	ĮĮ.	is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AVE M POTOMAC PURPOSE PURPOSE NO. 01 Univown) (If yes give war or dates of service) 226-36-6135 Rev. George S. Widmyer - CUMBERLAND, MD.
	ENYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. this certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon per Dept. of Health prior to burial, cremation, or removal and in any event, within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
CENN: The law aspital or atten	INCE INVSICIONAL The law requi by the hospital or attending lifer this certificate has been be detached for use as the State Dept. of Health prior to	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	OHIC HYS id by the h After this d be detac s State Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hoper a.m. While At work at work
	FOR HOPFITAL ON ATTENDING Page 4 may be retained by To FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State		21. I certify that (I) (this hospital) attended the deceased from
	Page 4 Page 4 FUNEI Girector	232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	E E	24	Burial 4/2/66 Greeneway Cemetery Berkeley Springs W Va. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	=	H. Wayne George Cumberland, Md. 10APR 5 1966 Clearles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Page r filled in by papers. Paga hours 2-10-66 umberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? within Allegany County Infirmary 801 Greene St. NO. YES etely executed within NAME OF First Middle DATE Last 4. Month Day Year DECEASED d comple (Type or print) Geraldine Wilson Rose 1966 DEATH March 6. COLOR OR RACE 7. MARRIEC DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED [last birthday) Months | Days and any Hours White WICOWED T -14-1886 Female DIVORCEO [yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR UNION INOUSTRY physician a 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? certificate be Maryland Housewife
13. FATHER'S NAME Allegany Maj U.S.A removal. he attending | permit. Ther Mary Ann Burnett Tewis Francis Wilso
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 599 Cumberland. Md. 9 (Yes, no, or unkown) | (If yes give war or dates of service) death cremation, No 3893 County Infirmary the 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: the hospital or attending physician, IMMEDIATE CAUSE (a) signed burial. burial, Conditions, If any, which (b) the bu gave rise to immediate DUE TO cause (a), stating the 50 underlying cause last. has as pric CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificate NO [YES [20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be State be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 2-10-66 to 3-14-66 19 that (1) (we) last DIRECTOR: age 3 should iled with the 19 and that death occurridate. saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED page ATTENOING. MED. STAFF PHYS. M.D. PHYS Page 4 may FUNERAL TO HOSPITAL PHYSTCIAN. 22c. 22d. ADORESS director, should be NAME (Type) <u>119</u> Greene St. Cumberland. Md. Mathews, M.D. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 REMOVAL (Specify) Rt 2 Maryland Pleasant Cemeterv Cumberland Burial 24. FUNERAL OIRECTOR AODRESS Maryland 21502 Cumberland VR A15 (4) Ruth E. Silcox DATE 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0315 FOR STANE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTYAllegany a. COUNTY a. STATE Maryland Allegany MARYLAND Department after death. funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland give nearest town) days rural Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? State hours Memorial Hospital Route 1 NO T EXAMINER: This certificate should be executed within 24 hours after death. If any delay a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office alone with form PM3. Pa 3. NAME OF Day 4. DATE Month Year Middle Last the 72 DECEASED Robert Austin Wilt 14 1966 Mar. (Type or print) DEATH 2 with within 5. SEX 6. COLOR OR RACE | 7. MARRIED 8. DATE DF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED birthday) Months Days Male White AUE. WIDOWED 10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired)

Onauitor

Taxi 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 6.5 Zedick Wilt Alice Broadwater File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. Delores Wilt-Westernport, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH cremation, or 1 PART I. DEATH WAS CAUSED BY: INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (0) DUE TO SKULL FRACTURE 77 Hours Conditions, If any, which (b) gave rise to immediate DUE TO causa (a), stating the Ø used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED?_ YES T 0 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should be agent, prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Itam 18.) Passenger in auto accident 20f. (City or town) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) 12:30 Mar. 11 19 66 While Not While at work Rt.220, 2 Mile South Cresaptown, Alleg CTOR: Page designated and in my opinion Inspection X. Inquiry X. 21. I certify that I took charge of the remains described above, held an Autopsy files. FUNERAL DIRECTOR: Health or its design Undetermined manner Accident X. death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER Page 4 for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X March 14, 1966 Benedict Skitarelic, M.D. **EXAMINER'S** Address (Straet, city, town, or countyCumberland, M. director. retained NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY DR CREMATORY BURIAL, CREMATION. DATE THEREOF 23a. 23b. 00 17/66 Westernport, Registrar's Signature Philos ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Westernport, Md. 1966 VR AISME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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